

Disability Client Services Manual

Human
Services



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DisAbility Services

Acknowledgments

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Further Information

Further copies and or updates to this Manual can be printed from the electronic version which is located on the DisAbility Services Division Intranet site:
http://intranet_1/disability/policy.htm

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Foreword

It is estimated that there are approximately 100,000 Victorians with a disability or multiple disabilities such as intellectual disability, acquired brain injury (ABI), physical or sensory impairment or neurological disease.

Most families of people with disabilities work selflessly to support and nurture their son or daughter and often have no requirement for assistance from Government or other agencies. However, when a family does experience difficulties they may contact the Department of Human Services for advice, information or support.

Disability Client Services staff are the first point of contact within the Department and will often need to work with the individual and their family to determine the most appropriate response to their needs. This may be a short term, one-off response or may be a more long term arrangement involving referral to specific services.

The work of Disability Client Services staff is complex. In some situations staff are legally bound to perform certain tasks while, sometimes, the most appropriate course of action will not be clear. At all times, staff need to exercise their professional judgment in making decisions.

The Disability Client Services Manual has been developed to provide staff with information and advice to assist in this decision making.

Where applicable, the Manual also provides instructions on the tasks that need to be undertaken to complete processes.

I believe that the Manual is an invaluable resource for staff. It provides an understanding of the Department, the DisAbility Services program, our clients and the role of Disability Client Services staff within that environment. It is equally useful for new starters and experienced staff.

I commend the Manual to you and wish you well in your endeavours to provide high quality assistance and support to Victorians with disabilities.

R H (Bob) Solly
Director
DisAbility Services

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Introduction

Purpose of the Manual

This manual is designed for use by Regional Disability Client Services staff.

All Disability Client Services staff must familiarise themselves with the manual and its contents.

This includes staff working in the Statewide Forensic Service (SFS), Behaviour Intervention Support Teams (BIST) or other specialists who, while working with manuals or other practice guidelines designed specifically for the relevant programs, need to be aware of general client services case practice issues.

The manual outlines practice baselines for Disability Client Services staff. If staff comply with the policies and guidelines in the manual, they can be assured of providing the minimum acceptable level of service to clients.

There is an expectation that staff will strive to provide the highest quality of service above and beyond the baselines specified in the manual. This will involve staff applying their knowledge and experience to exercise judgement and discretion in determining the best outcome for clients. Where staff are inexperienced, encounter unfamiliar situations or are unsure of the most appropriate course of action to take, they must seek advice from their supervisor.

Staff will be supported in striving to provide high quality services by Regional management who will:

- Create a culture which encourages staff to seek advice in relation to specific issues.
- Ensure that feedback and guidance is provided through regular and effective supervision.
- Provide supplementary local policies (where applicable).
- Give clear practice expectations.
- Encourage and support participation in staff development opportunities.

The manual also provides staff with a ready reference for information or guidelines about particular issues they may come across during the course of their work.

Where staff are required to work with clients involved in the criminal justice system, this manual should be read in conjunction with the *Criminal Justice Practice Manual* and the guidelines relating to the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*.

How To Use the Manual

The manual has been developed in hard copy version and is also available electronically on the Department of Human Services Intranet.

As new sections are developed or existing sections reviewed, updates will be issued in both paper and electronic format. Staff will need to check their hard copy of the manual against the online version from time to time to ensure that their manual is completely up-to-date.

A number of issues relate to other policy and procedure documents produced by DisAbility Services. Where there are references to these documents, reference boxes (hotlinks for online version) will prompt staff to go to the appropriate document for further information.

In particular, many actions undertaken by Disability Client Services staff require information to be processed in the Disability Client and Case Management System (DISCIS).

References to DISCIS throughout this manual will be accompanied by this symbol:



DISCIS

Staff should note that there is a glossary of the terms commonly used within the Department at the back of this manual.

Context

Policy directions are established at various levels, including the State Government, the Department of Human Services and the DisAbility Services Program, to determine the way in which Regional staff and non-government service providers deliver quality services to clients.

In addition, there is a range of policies and guidelines that provide staff with more detailed guidance in relation to specific issues they may encounter on a day-to-day basis. These policies and procedures are referred to throughout the manual. Where appropriate, cross-references to more detailed documents are provided. Staff are encouraged to access these documents either by obtaining a printed version or by using the hotlinks on the Department's Intranet.

A complete list of all relevant policy and procedure documents is provided in 'Policies and Guidelines List'.

For More Information

- The Department of Human Services Web site at: www.dhs.vic.gov.au
- DisAbility Services Internet site at: www.dhs.vic.gov.au/disability
- DisAbility Services Intranet site at: http://intranet_1/disability/policy.htm

Regional Service Delivery

The Department divides Victoria into Regions which are responsible for direct delivery of services and providing funding to non-government service providers on behalf of each of the specific program areas within the Department.

Each program area provides funding to Regions for delivery of services according to a plan which specifies what services are to be delivered directly by the Region or by non-government service providers, the performance indicators and how the Region's performance will be monitored.

For More Information

- The Region's orientation program
- The Region's Web site.

Non-Government Service Provision

The majority of human services available to the community are delivered by non-government service organisations under an agreement with the Department.

Responsibility for the management of the majority of agreements with non-government service providers rests with Partnerships and Service Planning teams. The teams work closely with non-government service providers to determine how and where services are funded and to ensure that quality services are delivered according to agreed plans.

When a new service need is identified, the Region will adopt one of the following strategies:

- Negotiate with existing providers to supply additional services.
- Ask specific agencies to make submissions to deliver the new service.

or

- Advertise and seek tenders.

The Partnerships and Service Planning structure of teams and their working arrangements, including the relationship with Disability Client Services, will vary between Regions.

It is, however, essential that staff from Disability Client Services work closely with staff from regional Partnerships and Performance Evaluation teams on a number of levels such as:

- Resolving issues related to the needs of clients with complex needs.
- The Service Needs Register and Vacancy Coordination process.
- The use of flexible funding packages.
- Feedback on the quality of services being provided in the non-government sector.
- Advocacy for clients using non-government services.
- Addressing service process issues.

For More Information

- The Region's orientation program
- The Region's Web site.

Regional Direct Care Services

In many programs services are delivered by non-government service providers funded by the Department. Where services are directly provided by the Department, the management and delivery of these is the responsibility of Regional Direct Care teams.

Programs managed by Direct Care include:

- Protection and Care Services
- Specialist Children's Services
- Housing Services
- Juvenile Justice
- DisAbility Services.

Of these programs, DisAbility Services is the largest provider of directly managed services within Regions. The main services provided by DisAbility Services include:

- Disability Accommodation Services (including shared supported accommodation, outreach support and respite services)
- Disability Client Services.

DisAbility Services Program

The primary objective of the DisAbility Services Program is to:

work in partnership with people with disabilities, their families, carers and service providers, to meet the needs of clients, enhance their quality of life and increase opportunities for independence, choice and community participation.

The Program focuses on the implementation of Government policy priorities which are aimed at enabling people with disabilities to live and participate in the community with appropriate support.

Guiding Principles and Values

The DisAbility Services Program operates in accordance with the principles contained in the *Intellectual Disabled Persons' Services Act 1986* (IDPS Act), the *Disability Services Act 1991* (DS Act) and the Victorian Standards for Disability Services 1999.

The following are fundamental principles upon which the service system is based and will be developed into the future:

- People with disabilities have the same rights and opportunities as others in the community.
- People with disabilities live with dignity in the community with appropriate support.
- Families and households to be supported and strengthened wherever possible.
- People with disabilities, their families and carers to be involved in policy making.
- Services start as early as possible, are coordinated and responsive without rigid program boundaries.
- The need for chemical and mechanical restraint reduced, only to be used as a last resort measure.
- Services distributed fairly and people with certain types of disability will not miss out.
- A partnership approach involving the Government, the non-government sector, people with disabilities, their families and carers to be adopted.
- Increased focus on prevention and early intervention.
- Decision on funding made on the basis of quality not just cost.

In addition, the Program is committed to the following values that govern our working relationships with Departmental colleagues and external stakeholders:

- Constructive dialogue and debate
- Evidence-based decision making
- Inclusiveness, cross-program collaboration and teamwork
- Honesty, mutual respect and openness
- Clear communication
- Cohesive leadership.

Quality Framework

The Quality Framework for DisAbility Services aims to ensure that a cohesive approach is taken to support quality in the disability service sector. It incorporates mechanisms which promote improvement as well as assure a certain standard of service quality.

Both government and non-government service providers (**including Disability Client Services teams**) are required to undertake an annual self-assessment to evaluate service delivery against the Victorian Standards for Disability Services (see below).

The self-assessment process enables service providers to review their internal quality assurance and identify areas for improvement. Service providers are encouraged to develop new and innovative approaches to, or practices in, service delivery.

All service providers are required, under the self-assessment system, to provide a Completion Report to the Department by 1 December of each year up to the year 2003.

For More Information

- *A Quality Framework for Disability Services*
- *Disability Services Self-Assessment System*
- *Victorian Standards for Disability Services*
- Related documents available for staff, clients and service providers.

Service Standards

The Victorian Standards for Disability Services are the minimum operating requirements for all services providers. The standards have been developed from the National Standards for Disability Services.

The standards, in conjunction with monitoring mechanisms, assist service providers to assure a certain level of service quality. From the process of assessment against the standards, service providers will identify areas where quality improvement and quality assurance activities can be undertaken to improve outcomes for clients.

All service providers must fully comply with the standards by the year 2003.

For More Information

- *Victorian Standards for Disability Services.*

Overview

Aim of Disability Client Services

The primary aim of Disability Client Services is to provide a specialist case management and support service to people with an intellectual disability. Regional Disability Client Services teams are comprised of professionals from a range of disciplines.

Each member of the team has responsibility for:

- Developing professional working relationships with clients, carers, service providers and other organisations.
- Assessing client needs in collaboration with each client and their family, guardian or carer.
- Developing, implementing and monitoring plans for meeting client needs.

This is undertaken within the legislative requirements of the IDPS Act. The IDPS Act ensures that people with an intellectual disability and their families or carers receive appropriate information and support to assist them, where possible, to exercise control over meeting their own support needs.

Disability Client Services case management aims to ensure that services are provided in a timely and least intrusive manner, where possible within the generic service system and, when necessary, including specialist disability services.

Disability Client Services performs its tasks in accordance with the principles of openness and transparency. Clients and/or their families or carers have the right to be part of the decision making process in relation to the client and to lodge an appeal or grievance where they believe that an inappropriate decision has been made.

Note:

This applies to all decisions and steps in the client's dealing with Disability Client Services. Certain decisions, known as **reviewable decisions**, are subject to a legislated appeals process. Where a dispute regarding a reviewable decision cannot be resolved through negotiation with the Department at regional management level, the client or their representative may lodge an appeal with the Intellectual Disability Review Panel (IDRP).

For More Information

- See the chapter 'Reviewable Decisions'.

The Disability Client Services Process

The following is a brief summary of the Disability Client Services process. More detailed discussion on each step is included under separate headings later in this manual.

The significant steps in the service process are:

Enquiry

A telephone call or visit to a Department of Human Services Regional office is usually the first point of contact for people with disabilities and, therefore, the Enquiry process is a vital function. Staff undertaking this role are commonly referred to as 'intake workers'.

Anybody is able to contact Disability Client Services for advice or information on disability and other issues.

Response

The aim of Disability Client Services at this point is to provide sufficient information to assist the client, family or carer to independently navigate the service systems. If the client, family or carer is unable to do this independently, the least intrusive interventions are offered to address the identified need. In certain situations, a more comprehensive assessment and intervention may be necessary to ensure that sufficient information is obtained to enable the most appropriate advice or referral to be provided. For example, if the caller is in 'crisis', the intake worker may need to ask more detailed questions, make a home visit or undertake intervention aimed at alleviating the crisis.

The outcome of intake can be as simple as providing some basic information (eg. the phone number of a service), accepting a request for assessment for eligibility or accepting a request for service.

Assessment

There are two types of assessment that are required to be completed by Disability Client Services.

If, at the response stage, it is determined that the individual may be eligible to receive services, they will be referred for an assessment for eligibility. Once declared eligible, they will be referred for an assessment of needs.

If an individual has previously been assessed as eligible, in most cases they will not need another assessment for eligibility but will be referred directly for an assessment of needs.

1. **Assessment for eligibility** - to determine a person's eligibility to receive services under the IDPS Act. This uses the Assessment For Eligibility Report (AFER) in DISCIS and may include standardised cognitive and adaptive behaviour assessments.

2. **Assessment of needs** - to determine the person's needs so that appropriate planning of services can occur. This uses the Assessment of Needs Report (AONR) in DISCIS. The client's needs in a range of areas, such as living situation, family support education, health, human relations and so on are assessed. The assessment will also consider possible areas in which the client may be at risk, such as road safety, firefighting, 'stranger danger' and so on.

All the above assessments take a holistic view of the individual being assessed and consider the family and/or carer's needs or issues. The assessments consider existing support networks, including services already being accessed and extended family and friends. This information is gathered from all relevant sources with client, family or carer permission.

Planning

Disability Client Services operates within a planned context. It is important that this occurs to ensure the most appropriate and effective services are provided for clients within an environment of limited resources and high demand.

The General Service Plan (GSP) is the case planning tool used by Disability Client Services for clients who require long term case management or are seeking access to services. The GSP documents both short term and long term goals for service provision to meet the major needs identified in the AONR and clarify the tasks for case management. It should take a long term view of the client and/or family situation to allow a response to immediate needs as well as provide strategies to address foreseeable future service needs.

The goals should always be realistic, achievable and measurable with the primary focus being on the client's needs. However, the broader family or carer issues that impact on the client are also taken into consideration. The GSP documents other supports and services that have been agreed to and sets review dates prior to any key transitional points such as primary to secondary school, school to vocation or change of residence.

The GSP is a legislative requirement. Any person declared eligible to receive services under the IDPS Act may request the preparation of a GSP. Staff should be aware that the GSP will not address or be able to solve crisis situations. The Disability Client Services worker may need to make alternative arrangements to solve the crisis before continuing with development or implementation of the GSP.

Implementation

Implementation is the stage in the service delivery system where the goals and strategies outlined in the GSP are put into action. Implementation should occur as soon as possible after the GSP has been completed.

The range of tasks that might be required in implementing a GSP include providing information, assistance to access services, referral for services, arranging visits, ongoing liaison, conflict resolution, coordination, encouragement and support.

Services may be provided by either government or non-government service providers and may include family support, respite, day placement, specialist services such as behaviour intervention, long term supported accommodation or assistance in skills development, such as travel training or financial budgeting.

Monitoring and Review

Case Managers are responsible for the monitoring and review of service provision to clients to ensure that their identified needs are being addressed. They work with the client and their family as appropriate to ensure that all parties are clear about the desired outcomes and that the necessary tasks are undertaken to achieve them.

Other levels of monitoring and review are also undertaken to ensure that services to clients are provided in a timely and responsive manner. Case management supervisors monitor waiting lists, workloads and GSP review dates. Disability Client Services managers monitor and review case practice to ensure best practice principles are followed and that client needs are being met. Disability Client Services workers should also liaise with Planning and Service Partnerships where practice issues with non-government service providers are identified.

Case Closure

There are a number of points when a case could or should be closed. Disability Client Services workers must consult with their supervisor to determine when it is appropriate to close a case. Circumstances in which a case may be closed include:

1. All the goals identified and recorded in the GSP have been achieved **including where required, a short period of monitoring to ensure the services are meeting the identified need.**
2. All tasks identified as being Disability Client Services' responsibility have been completed.
3. The client and their family and/or carer requests no further service, either because they are able to self-manage or for any other reason, and there are no significant risk issues.
4. The client and their family and/or carer are consistently disinterested or uncooperative and there are no significant risk issues.
5. The client disengages (for example they move to another Region).

If at the time of closure it is known that there will be a need for case management support at a given point in the future (for example, the need for permanency planning, awaiting a residential move, or a key transition period), the case may be re-opened. This is decided at a scheduled GSP review in time to allow for the planning and implementation of a suitable transition plan.

At the time of closure, the individual should be informed that they may come back into the service system if their circumstances change or new issues arise.

A case should not remain active while waiting for a moving date unless there are other case management tasks or reasons why it may be more beneficial to the client for the case to remain open.

Note:

A case cannot be closed when a client is on an order for which the Department is legally responsible regardless of the client's wishes. These orders include Plans of Service (under the *Children and Young Persons Act 1989*), Justice Plans (*Sentencing Act 1991*) or those made under provisions of the Crimes (Mental Impairment and Unfitness to be Tried) Act.

For More Information

- A pictorial summary of the Service Process at **Figure 1** on page 7 of this chapter.

Other Key Functions of Disability Client Services

Specialist Service Provision

Some clients will, from time to time, require specialist intervention to address particular issues such as challenging behaviour or inappropriate interactions with others, or to develop communication skills. Some specialists may be employed by Department Regions and will, therefore, be able to provide intervention and consultation services to other case managers from within the team. Alternatively, the Region may purchase these services from non-government service providers.

These specialists include:

- Teams that deal with challenging behaviour—Behaviour Intervention Support Teams (BIST)
- Staff who deal with family support—Family Intervention Support Services (FISS)
- Speech therapists
- Occupational therapists
- Specialists in human relations
- Specialists in dual disability.

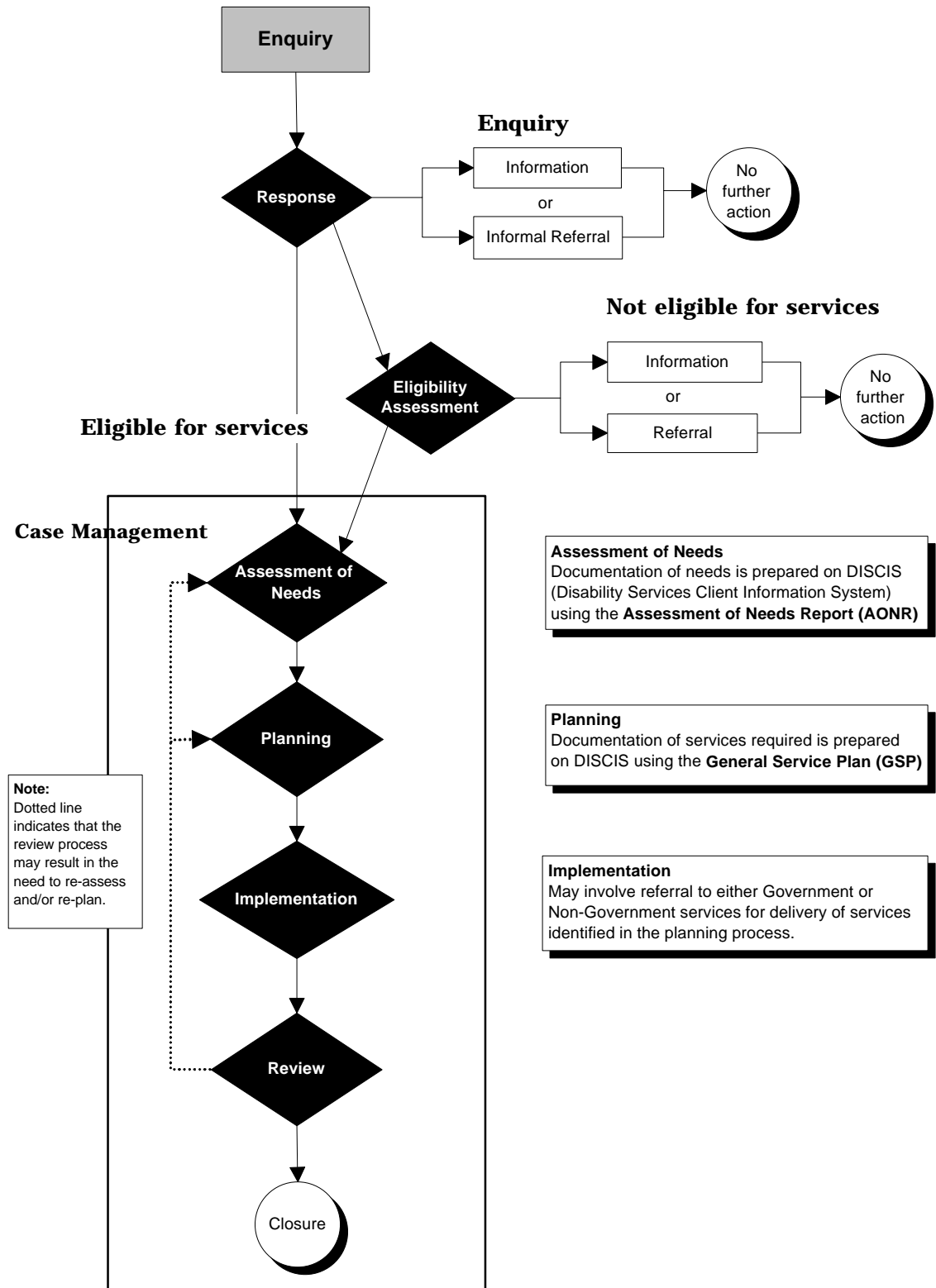
Training, Information and Education

Disability Client Services has a significant role in providing education to other professionals or agencies, information to community groups and organisations, participating on working parties or reference groups, and developing protocols or networks.

This role can be performed either informally or formally. When dealing with other professionals or agencies, staff will share ideas and information as a representative of

DisAbility Services and the Region. In a more formal capacity staff may, with approval from their line manager, participate in activities or projects that enhance the capacity of the broader service system to respond to the needs of people with an intellectual disability.

Figure 1: The Service Process



Legal Framework

The Department and its staff, ranging from program management to direct care workers, have the statutory power to provide certain services to people with disabilities. The legislation also outlines the responsibilities of the Department and staff regarding the way these services are delivered.

The way services are delivered, who they are delivered by, and who they are delivered to varies considerably. It is important that workers are aware of the powers and responsibilities that affect their work and, in particular, how they impact on each involvement with a client.

The Department and its staff also have responsibility to act properly and reasonably within common law as part of their overall 'duty of care' towards their clients. Duty of care is the duty to take reasonable care of a person.

For More Information

- Duty of Care, page 17.
- Department of Human Services Duty of Care Policy, January 2000.

Legislation

Disability Client Services workers have legal powers and/or responsibilities outlined in a number of pieces of legislation. These are:

- *Intellectually Disabled Persons' Services Act 1986*
- *Disability Services Act 1991*
- *Guardianship and Administration Act 1986*
- *Community Services Act 1970*
- *Children and Young Persons Act 1989*

Where a client is also involved in the criminal justice system, Disability Client Services workers must also be aware of the provisions of the:

- *Sentencing Act 1991*
- *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*

For More Information

- *Criminal Justice Practice Manual*
- *Crimes (Mental Impairment and Unfitness to be Tried) Act Guidelines*
- Legislation (copies in Regional offices).

The following sections provide a summary of the key points from the legislation which impact on Disability Client Services practice.

The Intellectually Disabled Persons' Services (IDPS) Act 1986

The IDPS Act is the primary Act which empowers the Department to fulfil its functions and responsibilities to people with an intellectual disability.

Its purpose is to ensure that a range of services is planned and developed around the needs of people with intellectual disability.

There are a number of requirements outlined in the IDPS Act which are specifically relevant to Disability Client Services practice. These are:

Definition

The IDPS Act defines intellectual disability, in relation to a person over the age of five years, as a significant sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviour and which became manifest before the age of 18 years.

For More Information

- IDPS Act, section 3.

Principles and Objectives

The principles outlined in the IDPS Act govern the provision, planning, management and development of services for people with intellectual disabilities.

The IDPS Act designates the Department and its Minister with the responsibility to administer the Act so as to promote the principles and achieve the aims and objectives promoted within it.

The primary aims of DisAbility Services are to advance the dignity, worth, human rights and full potential of intellectually disabled people.

For More Information

- IDPS Act, sections 4, 5 & 6.

Eligibility

People may be declared 'eligible' for services under the IDPS Act if they are:

- Over the age of five years and are assessed as being an intellectually disabled or
- Under six years of age and are assessed as being developmentally delayed.

The eligibility of a person over the age of five years may be assessed by one or more standardised measurements of intelligence or an assessment of the effectiveness with which they meet standards of personal independence and social responsibility expected of people of that age and cultural group.

The eligibility of a person under the age of six years is assessed by a flexible combination of assessments appropriate to the age of the person.

It should be noted that a child under the age of six years, who is assessed as being developmentally delayed, is not automatically registered as being intellectually disabled when they become six years old.

The IDPS Act requires that if a request is received for an assessment of eligibility it is undertaken within 30 days of receiving the request.

The Act further requires that the person be notified within 14 days of the assessment being completed that they are eligible or not eligible for services. If eligible, the person will also receive a Declaration of Eligibility.

People who were registered on the central client records system immediately before the commencement of the IDPS Act (referred to as 'pre-Act' clients) do not need to have their eligibility assessed if they have received any services in the two years prior to the current request for services.

'Pre-Act' clients who have not received any services in the two years prior to their current request are required to be assessed for eligibility prior to accessing any new services.

For More Information

- The chapter 'Assessment of Eligibility'.
- IDPS Act, ss. 7, 8, 8A, 9, 12A & 16A.

General Service Plans

Any person declared eligible or the person acting on their behalf who requested the assessment of eligibility may request the preparation of a GSP. A GSP is a comprehensive plan prepared for an eligible person specifying the areas of major life activity in which support is required and the strategies to be implemented to provide that support.

This plan must be prepared in consultation with the eligible person and significant others. **A GSP must be prepared if an eligible person is seeking access to any registered service.**

Any person may apply to the Department to have a GSP amended. The Department must decide, within 21 days of receiving the application, whether an amendment is required.

The IDPS Act states that all GSPs must be reviewed at least every five years. However, any eligible person living in a residential institution must have their GSP reviewed every 12 months.

For More Information

- Chapter 'Planning for Services'
- IDPS Act, ss. 9 & 10.

Individual Program Plans

An Individual Program Plan (IPP) must be prepared for every person accessing a registered service, program or institution within 60 days of admission. The IPP must be prepared by staff from the registered service, program or institution in consultation with the eligible person and, generally, their guardian and/or primary carer.

For More Information

- IDPS Act, ss 9 & 10.

Protection of Rights for People with an Intellectual Disability

The IDPS Act establishes a number of processes to protect the rights of intellectually disabled people. These include provisions relating to the Intellectual Disability Review Panel (IDRP), security residents, eligible persons, review of decisions and community visitors.

The Intellectual Disability Review Panel

The IDPS Act provides for the establishment and operation of the IDRP to:

- Review decisions about eligibility, GSPs, admissions to residential institutions, and the use of restraint or seclusion.
- Review cases of security residents.
- Advise the Minister or Director-General [Secretary] on any matters which they have referred to the Panel.

For More Information

- The IDPS Act, ss. 27–35A.

Reviewable Decisions

At any time during their involvement with Disability Client Services, individuals and/or their parents, guardians, carers or an advocate may appeal against reviewable decisions made by Departmental staff.

For More Information

- The IDPS Act, ss. 51 & 52.

Delegations

While the IDPS Act specifies that the Director-General [Secretary] is required to exercise a range of powers and undertake a range of duties or functions, in practice the majority of these are delegated to management and staff.

The IDPS Act provides the Secretary with the power to delegate these powers and functions.

Disability Client Services workers must ensure that they are aware of which positions in their Region have delegations for relevant decisions and actions.

For More Information

- The IDPS Act, s. 65.

Disability Services Act 1991

The Disability Services Act (DS Act) provides for the delivery of services to people with ‘intellectual, psychiatric sensory or physical impairments or a combination of those impairments’. It is essentially an Act which supports the funding of non-government service providers and contains schedules outlining objects, principles and objectives to be taken into account when funding service providers. While the principles and objectives are consistent in spirit across the two Acts, the DS Act differs markedly from the IDPS Act in both its purpose and scope.

Note:

People whose primary impairment (disability) is assessed as being psychiatric will receive services under the Mental Health Act 1986.

The Guardianship and Administration Act 1986

The Guardianship and Administration Act (G&A Act) was enacted to enable people with a disability to have a guardian or administrator appointed when needed. (The definition of disability for the purposes of the G&A Act includes intellectual impairment, mental illness, brain damage, physical disability and senility/dementia.)

The objectives of the G&A Act are to:

- Provide for the appointment of a public advocate.
- Enable the making of guardianship orders and administration orders.
- Ensure that people with a disability and their representatives are informed of and make use of the provision of this Act.

The legislation stipulates that the provisions be exercised so that:

- The least restrictive of a person's options are adopted.
- The best interests of a person with a disability are promoted.
- The wishes of a person with a disability are given effect, wherever possible.

Victorian Civil and Administrative Tribunal/Guardianship List

The Tribunal makes decisions about the need for a guardian and/or administrator to be appointed to manage the personal and financial affairs of people who, because of disability, are incapable of making reasonable decisions.

The Tribunal maintains a Guardianship List, which is a register of suitable persons to be appointed as guardians or administrators.

The List's jurisdiction relates to the affairs of adults with disabilities over the age of 18 years.

For More Information

- See chapters 'Guardianship List' and 'Office of the Public Advocate'.

The Office of the Public Advocate

The Office of the Public Advocate protects the rights of all people with disabilities, including children, by:

- Investigating complaints about abuse, neglect or exploitation and taking appropriate action.
- Making representations or acting on their behalf.
- Seeking assistance from any other organisation on their behalf.
- Providing information to guardians.

The Public Advocate can be appointed by the Victorian Civil and Administrative Tribunal as legal guardian for people over the age of 18 years.

Community Services Act 1970

The Community Services Act, (s. 13 Child Care Agreements), specifies that a parent of a child or young person under 18 years of age may enter into a written agreement with a service provider to place the child or young person in the care of the service provider. The purpose of the agreement is to outline the support to be provided to the child or young person and/or parent and the action to be taken to assist the parent to resume the care of the child or young person.

Children and Young Persons Act 1989

If a child with an intellectual disability has been found guilty of an offence, regardless of the disposition the court is considering, under the Children and Young Persons Act 1989 the court must order a pre-sentence report in respect of the child.

The pre-sentence report must include a statement of services to reduce the likelihood of the child committing further offences. This is provided by DisAbility Services in the format of a Plan of Services.

For More Information

- Criminal Justice Practice Manual
- Protocol between Disability Services and Juvenile Justice.

Sentencing Act 1991

The Sentencing Act 1991, part 3: Special Conditions for Intellectually Disabled Offenders, offers the courts additional sentencing options for people with an intellectual disability. Under these provisions, a Justice Plan can be provided by DisAbility Services on the request of the court, after a client has pleaded or been found guilty of an offence and the court is considering a community disposition.

For More Information

- Criminal Justice Practice Manual.

Crimes (Mental Impairment and Unfitness to be Tried) Act 1997

The Crimes (Mental Impairment and Unfitness to be Tried) Act 1997 outlines the law in relation to the detention, management and release of persons found by a court to be either unfit to stand trial or not guilty on the grounds of mental impairment. Prior to this Act these people were detained at the Governor's Pleasure.

The Act requires the Department of Human Services to alter its procedures in relation to persons who were held at the Governor's Pleasure at the time of the commencement of the Act, or persons subsequently made subject to the Act.

For More Information

- Crimes (Mental Impairment and Unfitness to be Tried) Act 1997 Guidelines.

Freedom of Information Act 1982

The Freedom of Information (FOI) Act 1982 established a right of access by the public to documents held by government departments.

The Department adopts a policy of maximum provision of information to service users, based on the understanding that the information in a case record belongs to that client since most of the data comes from them directly or indirectly. While some information may be subject to exemption provisions, Departmental policy and court decisions repeatedly support the practice of allowing the client almost total control over the content of their record.

It is, therefore, critical that Disability Client Services workers are aware that entries they

may make on a client's file (either paper or computer-based) may be accessed by the client or their representative. This means that workers need to be careful that their written comments accurately reflect their observations and/or conversations.

If workers are concerned about the information they have obtained in relation to a client and are unsure about what can be recorded on the client's file, they should discuss this with their supervisor.

Disability Discrimination Act 1992

The Disability Discrimination Act (DD Act) is Commonwealth law providing protection against discrimination based on disability in all Australian states and territories. When people with a disability are treated unfairly in employment, accommodation or education, or in the provision of goods, services and facilities, or if they have difficulty accessing public buildings, or joining the activities of clubs and associations, or in the administration of Commonwealth laws and programs, they have a right to complain about discrimination.

The DD Act uses a broad definition of disability including some aspects of disease to avoid exclusion of people who face discrimination. It also protects those with a personal connection to a person with a disability if they face discrimination because of that relationship, for example, a carer or parent who is refused a job because they care for someone with a disability and the employer thinks they will have a lot of time off for caring responsibilities.

Disability Client Services staff should be familiar with the DD Act so that they can identify situations where someone faces discrimination and assist the person to form a complaint.

Victorian Equal Opportunity Act 1995

The Equal Opportunity Act (EO Act) is about equal opportunity and discrimination in Victoria. People with disabilities have the right not to be unlawfully discriminated against or treated unfairly on the ground of their impairment. The EO Act prohibits discrimination on 14 different personal characteristics, for example, impairment, sex, race, age, physical features, parental status or status as a carer. Discrimination is not allowed in employment, education, accommodation, sport, clubs, goods and services and the disposal of land.

The Act also protects people against sexual harassment and from being victimised if they make a complaint.

Disability Client Services workers should be familiar with the Act and its complaint mechanisms to be able to advise people with disabilities how to use it. Complaints about discrimination or sexual harassment can be made to the Equal Opportunity Commission of Victoria.

Confidentiality and Information Privacy

Legislative Provisions

Disability Client Services workers must be aware of their mandated responsibilities under the IDPS Act in relation to the confidentiality of client information.

In general, all information gained by Departmental staff about clients is confidential and should not be released to any other person or organisation. However, there are exemptions outlined in the IDPS Act which allow for the release of information in specific circumstances.

The Act states that staff must not, directly or indirectly, disclose to another person any information they have received in the course of their duties about a client and which may identify the client unless one or more of the following exemptions apply.

Information regarding a client may be disclosed:

- To the extent that it is reasonably required to enable performance of a duty or to exercise a power or function under the IDPS Act or other Act.
- With the consent of the client.
- To another service provider providing services under the Act to enable them to work appropriately with the client.
- Without the client's consent to a doctor or other person involved in providing care or treatment if the client is unable to provide consent and it is determined that not disclosing the information would present a threat to the client's life or health.
- To a court or tribunal in relation to proceedings before it.
- To the Intellectual Disability Review Panel (IDRP).
- To the Public Advocate.
- To the Secretary.
- To the Minister.
- To the Commonwealth Minister for the time being responsible for the administration of Medicare.
- To a person to whom, in the opinion of the Minister, it is in the public interest that the disclosure is made.

The confidentiality requirement applies to all Disability Client Services workers regardless of their employment status or the terms of their appointment and continues to apply even after a worker ceases to be employed by the Department.

The limits of confidentiality can be a particular issue when working with clients who offend or those who may have, or are at risk from a notifiable infectious disease such as HIV.

For More Information

- Criminal Justice Practice Manual.
- IDPS Act, s 16, sub sections 2, 3, & 4.
- Department policies and guidelines

With the rapid rate of change and expansion in application of online information, issues of confidentiality and privacy will become increasingly more complex and subject to change. Staff should be aware that other legislation or guidelines may be implemented from time to time. For example, the Victorian government is proposing to introduce privacy legislation known as the Information Privacy Act. Under this Act, the Department will develop a Code of Practice for managing information based on national privacy principles which form the basis of the Department's current Information Privacy Principles.

Departmental Information Privacy Principles

The Department's Information Privacy Principles have been endorsed by the Departmental Executive. The principles provide guidance for staff when handling personal information. All staff need to be aware of the principles and how they relate to their work with clients.

Information privacy refers to a group of related rights regarding an individual's control over the collection, use, release and disposal of their personal information. Personal information is information which allows an individual to be identified and may be in any form (for example, print or electronic, video or audio recordings, x-rays or pathology samples).

For More Information

- Information Privacy principles from the Department's Intranet site at:
<http://intranet/privacy/index.htm>
- Printed copies from regional offices.

Summary of Privacy Principles

The following provides staff with a summary of the principles and how they relate to Disability Client Services practice. This summary does not cover all the components of each principle and staff should refer to the principles themselves for further information or clarification.

Principle 1 - Purpose of Collection of Personal Information

Staff must ensure that they only collect information that is relevant to the function or activity that is being performed (for example, for assessing eligibility). Staff must ensure that they are able to justify why certain information is being collected.

Principle 2 - Source of Personal Information

In most situations, staff should collect the information directly from the individual concerned. If information is required from another person or organisation (for example, a psychologist's report to complete an assessment for eligibility), the individual must provide authority for it to be collected.

Principle 3 - Providing Notification when Personal Information is Collected

Staff must ensure that they inform individuals that all information will be kept on file, what their information will be used for, who will have access to it and the individual's rights of access.

Principle 4 - Manner of Collection of Personal Information

Staff must ensure that they collect information lawfully and with sensitivity to the particular circumstances when the information is collected. For example, staff should take into consideration cultural issues and should ensure that sensitive information is not discussed in a public place. Staff must not place undue pressure on the individual to provide information.

Principle 5 - Storage, Security and Transmission of Personal Information

Staff must ensure that, once collected, the information is stored securely in the relevant place. For example, on DISCIS with appropriate security codes or in a file which is only accessible by staff who need to know information regarding the client. Staff should take steps to prevent other individuals and organisations obtaining access to personal information when they are not authorised to.

Principle 6 - Maintaining a Policy of Openness

The Department is required, if requested, to inform individuals or their parents or other representatives of its policies and procedures relating to the management of personal information.

Principle 7 - Right of Access to Personal Information

Generally, an individual has the right to access their own information on request unless there are reasonable grounds for all or part of it to be restricted (for example, information in the person's file about another person should not be released). If it is decided that the information should not be released, the individual should be advised that they may lodge a request through FOI. In all but the simplest requests, staff should ask the person to make a written request.

Principle 8 - Correction and Accuracy of Personal Information

Individuals are entitled to seek correction of information held about them where they believe it is incorrect. There is an onus on staff to keep any information they hold up-to-date, accurate, complete and not misleading. If staff receive a request to correct information they should discuss the necessary action with their supervisor.

Principle 9 - Retention and Disposal of Personal Information

The Department has a responsibility to retain information only as long as it is required and to make sure information is disposed of in a secure manner when it is no longer required. For individuals in contact with Disability Client Services, information is retained indefinitely on DISCIS while paper files are archived according to Departmental and Public Records Office policies.

Principle 10 - Limits on Use and Disclosure of Personal Information

Staff must ensure that information is only used by Departmental staff or released to other organisations in relation to the purpose for which it was originally collected or for a directly related purpose. There are some exceptions to this such as where the information is requested by a court.

Principle 11 - Unique Identifiers

This principle provides guidance on the use of unique identifiers (for example, numbers) to ensure they are used in an appropriate manner. DISCIS generates a number for each client whose details are entered onto the system, however, this number can be used to generate information, such as for statistical purposes, without disclosing the individual's name or other personal details.

Principle 12 - Compliance Audits

The Department is required to implement an audit program to ensure that it continues to comply with the Information Privacy Principles.

Application to Disability Client Services Practice

At the time of writing, the Department's privacy principles are being progressively implemented across the Department and funded service providers. As this is a complicated and unknown area for most staff, additional information, guidelines and training will be provided by the Department to assist staff in understanding their responsibilities and applying the principles.

Disability Client Services workers should ensure that they apply the current legislative responsibilities and information privacy principles in all aspects of their work. They should also bear in mind that changes will occur which may lead to amended work practices in the future.

Clients, parents, guardians or carers must be made aware of their rights in relation to confidentiality and information privacy when they initially become involved in the service delivery process and at the following stages:

Enquiry

The intake worker must inform callers that a record of information will be kept and will remain on the system indefinitely.

Initial Contact

At the initial visit with a person with a disability, their parent, guardian or primary carer, the Disability Client Services workers must inform them:

- That all information will be kept on file.
- Why the information is being collected.
- Whether or not the information is legally required.
- The consequences of failing to provide the information.
- That the worker is authorised to collect the information and that other people within the Department may have access to the information.
- That the client can have access to their own file.
- That the client has the right to correct personal information.
- That the information given by the client or any other source may be released to other parties with the client or guardian's consent.
- That in certain circumstances the information may be released to other parties **without** the client or guardian's consent.
- That information which does not identify individuals may be requested by other government (including the Commonwealth) agencies from time to time to assist with planning and funding issues.
- That the information will be securely stored.

Ongoing Service Delivery

At any time during the delivery of service to a client, Disability Client Services workers may receive or become aware of additional information in relation to the client.

The confidentiality provisions of the IDPS Act and the privacy principles will generally continue to apply. Examples of exceptions to this rule are:

- If a Disability Client Services worker becomes aware that a client may have been involved in criminal activity, the worker has an obligation to report this to their supervisor and may also have an obligation to report it to the Police.
- Where the client discloses information that indicates sexual or physical assault has occurred to a client, or by a client on another individual, the worker must report this to management according to Departmental policy. If the client is living in a Departmental residential service or is a statutory client, the allegation must be reported to the Police. Where the client is under the age of 18 years, the allegation should also be referred to Protective Services.

For More Information

- Departmental Instruction *Reporting Allegations of Physical or Sexual Assault to the Police*
- *Protocol Between Disability Services and Protective Services.*
- Criminal Justice Practice Manual

Storing Information

All staff must take care when using and storing information which may be sensitive. This applies to information collected and/or stored electronically (on DISCIS) or on client files.

DISCIS users are only able to access certain levels of information depending on their role and position within the Disability Client Services team. All users have unique passwords for entering the system. **Passwords must be kept secret at all times and must not be shared with other staff under any circumstance.**

Client files should be kept securely stored where access is limited to staff and management who need the information to carry out their responsibilities in relation to the client. When not in use, files should be locked away in a filing cabinet or compactus.

Authority To Release Information to the Department

When gathering information, for example for assessment of eligibility or assessment of needs, Disability Client Services workers may require information from a source other than the client (for example, from the client's doctor or a psychologist). In this situation, the client or their guardian or primary carer must authorise the release of the information to the Department.

The client or their guardian or primary carer should complete and sign a form related to the information required. Departmental staff will then be able to present this form to the person or agency which is the source of the required information.

Note:

The form allows for a number of persons or agencies to be listed. However, in some circumstances, the client or guardian or primary carer may prefer to list each person or agency on a separate form to further protect the client's confidentiality.

For More Information

- 'Authority for Release of Information to the Department for the Purpose of Determining Eligibility' at Appendix 2 of the chapter Assessment of Eligibility.
- The 'Authority for Release of Information to the Department for Assessment of Needs' at Appendix 1 of the chapter Assessment of Needs.

This form can only be used to seek information for the purposes of determining eligibility for services. It cannot be used to authorise disclosure of information for any other purpose. Further, it does not authorise the Department to release personal information about a client, for example, to a doctor in order to seek a medical opinion.

Consent To Release Information to Another Person or Agency

From time to time, the Department receives requests from other agencies for information based on what is stored by the Department. Workers responding to such requests should ensure that the information is provided on the basis of 'need-to-know' and that only relevant information is given. Generally, only information that is required to ensure appropriate services for the client would be released. Workers should consider any requests in context of the Information Privacy Principles and consult with their supervisor before releasing any information.

When assessing these requests, workers need to balance their duty of care responsibility of ensuring the client's privacy with the requirement to provide information which will enable appropriate services to be developed and implemented.

The client must provide their consent to the release of any personal information to any other party, particularly an external agency. Consent should be sought each and every time it is proposed to release any information to another person or agency.

It is preferable that consent in these circumstances be given in writing.

However, verbal consent may be acceptable provided that staff accurately record details of the decision process. This should include a clear indication that the client, parent, guardian or carer:

- Understands what information has been requested.
- Is aware of the person or organisation to whom it is to be provided.

and

- Understands what it is to be used for.

If the information is requested for student or other professional research, staff must, in addition to obtaining consent, obtain approval from the Department's Ethics Committee prior to releasing the information.

Note:

Staff should refer to their supervisor to discuss the request for research information and to establish responsibility for obtaining the Ethics Committee's approval.

Duty of Care

The law of negligence affects the Department by setting minimum standards in relation to the way in which services are delivered to clients and how this may impact on other people such as families, neighbours and so on. Staff may know of this concept as 'duty of care'.

If the Department breaches its duty of care towards its clients it may be found legally liable for negligence. There are three elements to the definition of negligence.

These are:

- Duty of care—the Department must owe a duty to the person.
- Breach of duty of care—The Department must have done something a reasonable person would not have done, or failed to do something a reasonable person would have done, in the same situation.
- Injury—Some harm must have been caused to the person because of the Department's unreasonable actions.

If, in any particular situation, all three elements are present, then the Department may be held to have been negligent in any subsequent legal proceedings. The need to avoid acting negligently is relevant to all decisions and actions of staff. This means that staff must act reasonably at all decision making points during contact with clients.

There are a number of factors that must be considered each time a Disability Client Services worker makes a decision in order for it to be considered reasonable. The worker must use their professional skills and experience to decide the weighting to be given to each factor and to make a final decision about what is reasonable in a particular situation.

The factors are:

- The risks of harm and the likelihood of the risks occurring.
- The sorts of injuries that may occur, and how serious they are.
- Precautions that could be taken.
- The powers that Departmental employees have.
- The usefulness of the activity which involves risk.
- Any statutory requirements or specific directions of the Department (for example, the guidelines set out in this manual).
- Any other factors relevant to a particular situation.

This manual provides staff with guidance in making reasonable decisions in relation to clients of Disability Services. By following the manual, staff can be confident that they have taken reasonable steps towards meeting their duty of care obligations to each client.

However, if staff are unsure of the impact of their decisions or the issues are complicated, staff have a responsibility to seek advice and support from their supervisor before making the decision.

For More Information

- Departmental Policy—Duty of Care, January 2000

Consent (Interim Guidelines)

Pending finalisation of Disability Services policy on Consent, the following guidelines are to be followed.

Definitions

Consent

Consent is a legal term that applies in strict legal circumstances. An individual can provide consent where they have been assessed as being able to understand the nature and possible consequences of an issue and have the intellectual capacity and emotional maturity to make an informed decision on their own behalf. Where an individual is assessed as being unable to understand the issue or make a decision for themselves, only a 'person responsible' can provide consent on behalf of the individual.

It should be noted that consent is **not** required for medical treatment in emergency situations where a client's life is at risk or to prevent serious illness.

Person(s) Responsible

Amendments to the Guardianship and Administration Act which came into effect on 1 January 2000, introduce the concept of a 'person responsible' as being able to consent to medical treatment on behalf of people with a disability.

The Act further specifies the categories of people, in order of importance, who may be considered as a 'person responsible'.

For More Information

- Appendix 1 of this chapter

Application

It must be stressed that only the Guardianship and Administration Act provides a legal basis for 'person responsible' and then specifically in relation to medical treatment. DisAbility Services, however, adopts a similar concept for the provision of consent in relation to other tasks and activities, particularly where external providers require consent before proceeding.

Consent for Disability Client Services Workers To Undertake Tasks or Functions

The consent of a client or their 'person responsible' may be required in order for Disability Client Services workers to undertake certain tasks or activities.

Where consent is an issue in relation to a specific task or function, this is discussed in the relevant chapter of this manual.

For example:

- Consent for Eligibility Assessment - refer to the chapter 'Assessment of Eligibility'.
- Consent for Service Provision - refer to the chapter 'Assessment of Needs'.
- Consent for release of information - refer to 'Information Privacy' in this chapter.

Consent Requirements of Service Providers External to the Department

At times, clients may need or wish to access services external to the Department where the service provider requires consent (either verbally or in writing).

Examples of such situations include:

- Where a health service requires a consent form to be signed for a medical procedure.
- Where a dentist requires written consent for a client to undergo treatment under general anaesthetic.
- Where a recreational activity, such as horse riding, involves a degree of risk to the client.

Where the external service provider requires consent, the Disability Client Services worker should **explain** to the person or agency that:

1. The client should, wherever possible and appropriate, provide their consent prior to undertaking the procedure or activity.
2. If the client is unable to consent on their own behalf, it can **only** be provided by a 'person responsible'.
3. The service provider is required to satisfy themselves that the most appropriate 'person responsible' is approached to obtain consent. (Disability Client Services workers will assist the service provider in establishing the most appropriate 'person responsible'.)
4. If, in the case of medical treatment, the client or person responsible refuses or declines to provide consent or there is **no** person responsible, the service provider will need to exercise their professional judgement to determine whether or not it is in the clients best interest to continue with the treatment without the consent.
5. If, in the case of participation in leisure, recreational or like activities, the client or person responsible refuses to provide consent, the client will not be able to participate in the activity.
6. If, in the case of participation in leisure, recreational or like activities there is no person responsible, Regions will need to carefully consider whether it is in the client's interest and consistent with the goals of the individual program plan for them to participate in the activity.

If it is determined that it is in the client's interest, the Disability Client Services worker should ask the service provider if the consent of a senior Regional manager would be acceptable to the service provider.

If the service provider will accept consent from a senior regional manager, the Disability Client Services worker must:

- Prepare all relevant information to enable the senior Regional manager to make an informed decision about the activity
 - Detail actions taken to locate and engage an appropriate 'person responsible'.
 - Prepare any forms or correspondence required by the service provider.
7. If there is no person responsible and the service provider is not prepared to accept a senior Regional manager, the client will not be able to participate in the activity.

Notes:

1. For the purposes of this interim policy, senior Regional managers are:
 - Manager, Direct Care
 - Manager, Disability Accommodation Services
 - Manager, Disability Client Services
 - Manager, Training Centre.
2. If the senior Regional manager has any doubts or concerns about the proposed activity, contact should be made with the Office of the Public Advocate and any advice provided appropriately documented.

Person Responsible

Under the Guardianship and Administration Act 1986, a 'person responsible' can consent to certain medical and dental treatments for a client with a permanent or long term disability who is unable to consent to their own treatment. DisAbility Services acknowledges that the concept of 'person responsible' is appropriate in other areas of a client's life requiring consent.

The person responsible is the first person in the list of people below who is available and willing to make the decision on behalf of the client. If there is no one in the first category, go to the second and so on:

1. A person appointed by the client under the Medical Treatment Act 1988.
2. A person appointed by Victorian Civil and Administrative Tribunal (VCAT) to make decisions about the proposed treatment.
3. A person appointed by VCAT to act as a guardian, who has the power to make decisions about the proposed treatment.
4. A person appointed as an enduring guardian by the client (before the client became incapable of giving consent) with power to make decisions about the proposed treatment.
5. The last person appointed in writing by the client to make decisions about medical or dental treatment, including the proposed treatment (who is neither an agent or enduring guardian referred to above).
6. The patient's spouse, including someone not legally married to the patient who nevertheless lives with them in a continuing marriage-like relationship.
7. The client's primary carer, including carers in receipt of a social security benefit but excluding paid carers or service providers.
8. The client's nearest relative, over the age of 18, which means (in order of preference):
 - son or daughter
 - father or mother
 - brother or sister
 - grandfather or grandmother
 - grandson or granddaughter
 - uncle or aunt
 - nephew or niece

Where there are two relatives in the same position (eg a brother and sister) the older will be the person responsible. Note that this includes step and adopted brothers/sisters.

Wherever possible, it is preferable for the person responsible to be someone who is currently taking (or prepared to take) an active interest in the client's well-being.

What should the person responsible know?

The person responsible should make decisions that are in the best interests of the client, taking their wishes into account as far as possible.

The person responsible should ask the medical practitioner/service provider:

- What the proposed treatment/task/activity is
- Whether there are any risks
- Whether there are alternative treatments/options
- The likely outcome
- The likely consequences of not undertaking the treatment/task/activity.

What happens if there is no person responsible?

In the event of there being no 'person responsible' to consent to medical or dental treatment, and the medical practitioner believes the treatment is in the best interest of the patient, the practitioner can proceed to treat the patient.

What happens if the person responsible refuses consent?

Where the person responsible refuses to consent, and the medical practitioner wishes to proceed, the practitioner must give the person responsible a notice within three days. The notice advises that the person responsible can apply to VCAT, in which case OPA will be notified and will investigate the case. If there is a hearing, the Tribunal will ask the person responsible to explain their objection to the treatment and then decide whether the treatment will be carried out.

Where further clarification is required, the Office of the Public Advocate can provide information on the role of a person responsible.

Practice Framework

Directly Managed Services

The practice framework provides the context for service delivery to clients. This chapter highlights the key factors which staff need to consider at all times when dealing with clients and their families or carers.

Case Management

Case management applies to all steps in the client services process, including conducting assessments, planning, making and supporting referrals, implementing the GSP, and monitoring and review.

The broad aim of case management is to provide assistance to enable the client, family or carer to manage their own support requirements, wherever possible. The degree of assistance will vary in each case depending on the level of complexity and/or intensity of support identified as being required.

Case management is usually provided in more complex cases. For example, those cases where:

- The intensity of the required support is significant.
 - Support or services are to be provided by a number of agencies.
- or
- There is no other suitable service or person able to assist with the management of the client's situation.

There may be times where the intensity of support or intervention required lessens (for example the family is able to manage certain situations more independently) and the level of involvement by Disability Client Services workers will reduce to a coordination or consultancy role.

From time to time, a case manager may be required to adopt an 'assertive intervention' approach when dealing with a client. Assertive intervention refers to the need, in some instances, to consider duty of care responsibilities over the client's wishes despite the fact that the client has volunteered to enter the system and has ultimate control over decisions affecting their life.

For example, assertive intervention may be needed where clients with Hepatitis B, C or HIV engage in unsafe practices or place themselves at risk such as by living in inappropriate accommodation but the client and their family and/or carer is requesting no further contact. In this situation, Disability Client Services workers may determine that they have a duty of care to remain involved to take steps to reduce the level of risk to the client or others.

While this does not imply that the Department has a legal mandate to remain involved, case managers have a responsibility to attempt to re-engage the client, family and/or carer. If they are unable to do this, there is a duty of care to ensure proper steps are taken to minimise the risk. This may involve making a referral to another service provider or, in specific circumstances such as criminal matters, seeking approval for the release of sensitive information to the relevant authorities.

In these cases, staff must discuss their concerns and their proposed course of action with their supervisor prior to taking further action.

Within the guidelines of certain programs funded by DisAbility Services, case management may be contracted by Regional Partnerships and Service Planning to non-government service providers.

For More Information

- Refer to the chapter 'Contracting Components of the Service Process'.

Discretionary Funding

An important component of the role of a case manager is to determine whether an individual's needs may best be met by providing funding to allow the individual and/or the family, guardian or carer to choose the services they require.

Regions manage a range of discretionary funding sources which can be used by Disability Client Services workers. In some instances, guidelines are available for staff to consider when using the funds, while others will be subject to Regional guidelines or procedures.

At all times, discretionary funds should be used in a flexible and innovative manner, while not duplicating existing services available through other programs within DisAbility Services.

For More Information

- Check with your supervisor for advice on the availability and procedures for using discretionary funding or refer to the guidelines for a specific fund.

Crisis Management

Families or carers may, at any time during their involvement with Disability Client Services, require additional assistance to deal with a crisis situation. For example, a family caring for a child at home may be nearing breakdown because of financial difficulties, lack of respite options or deterioration in the child's behaviour. This may be the reason for them contacting Disability Client Services in the first place or it may occur during service delivery with an allocated client.

When a client and their family and/or carer are in a state of crisis which has a serious impact on the care and wellbeing of the client, Disability Client Services plans and implements a service response aimed at alleviating the immediate crisis. Following the resolution of the crisis, Disability Client Services workers will assess and plan for the longer term provision of appropriate supports to assist in preventing further difficulties.

Family Sensitive Practice

While the individual client must at all times be the focus of interventions by Disability Client Services, it is critical to consider the client's needs within the context of their family and other networks. While children and adolescents, in particular, will achieve greater social and emotional growth if nurtured and cared for within the family environment, the principles of family sensitive practice continue to apply into adulthood.

The Disability Client Services worker must be aware of, and sensitive to, issues within the family that may impact on the individual's development and/or the family's ability to care for their family member. For instance, issues such as parents' fears regarding potential loss of control over their child's life or their feelings of guilt or failure if they are 'forced' to seek assistance from outside the family.

It is, however, critical that staff do not lose sight of the client's best interests being the paramount consideration. In particular, the Disability Client Services worker must be vigilant in ensuring that the client is not placed at risk by the family's action or inaction.

Disability Client Services workers must take into consideration a range of issues such as interactions, relationships and interdependencies between people within the family unit and others in the community in which they live. Cultural and community values, beliefs, traditions and behaviours will significantly impact on the way the family relates to their relative with a disability and how they view interventions from the Department or other agencies.

In some cases, it may be determined that the needs of the client will be best met by providing support and/or services directly to particular members of the family or the family as a whole rather than the client.

For example, a client may not have high daily care needs, but the parents' capacity to care for them is limited due to problems such as ill health, drug and alcohol problems, or severe financial difficulties. In this situation, it may be necessary to address the parents' issues to strengthen their capacity to better care for the client in the family home.

The level of intervention with each family will depend on the circumstances of each case. However, at all levels a family-sensitive approach will recognise and make effective use of the family's knowledge, skills and strengths and contribute to the development of flexible, responsive and appropriate services. For example, it is good practice to explore how the family copes, solves problems, shares tasks and provides its own respite, and consider ways of supporting these rather than replacing them.

Permanency Planning

Disability Client Services workers have a role in assessing the long term needs of a child or adolescent as a component of the assessment and planning function. This may or may not include placement out of the family home, but at all times the focus will be on the child's need for a permanent family relationship.

Permanency planning is a preventative approach and involves assessing the ongoing support needs of the family to maximise the family's capacity to care for their child. It also includes forward planning and making long term decisions about the care needs of the child or adolescent. This needs to occur in a timely manner so that informed decisions can be made, and appropriate service responses identified by a family before they reach a crisis point such as family breakdown.

While permanency planning is important when dealing with children and adolescents, the principles should be applied when working with people of all age groups.

Child Care Agreements and Family Support Planning

The introduction of child care agreements requires Disability Client Services to undertake and complete additional tasks when working with children with an intellectual disability who are using out-of-home care.

The purpose of child care agreements is twofold. Firstly, they provide an opportunity to assess the family's needs, current supports and to ascertain if additional supports are required to assist the family to care for their child with a disability. Secondly, they help to ensure that the child's or adolescent's social, emotional and developmental needs are not jeopardised by the amount of time they spend in out-of-home care. Disability Client Services workers are required to assess the family's situation to identify the most suitable assistance to optimise the family's care of the child.

When planning for services for the child or adolescent, the needs of the family should be considered at all times. Section 4—Areas of Life Activity of the GSP provides a specific heading of Child & Family Support Plan, however it is important that family's needs are considered when addressing all other aspects of the GSP.

Working with People from Culturally and Linguistically Diverse Backgrounds

As Disability Client Services workers have contact with clients, parents, guardians or carers from a wide range of ethnic and cultural communities, it is important that they are sensitive to issues relating to people's cultural, religious or community beliefs. Staff should also show respect for language differences which may impact on the provision of effective advice and support.

In addition, staff should not make assumptions based on cultural stereotypes—it is important to listen to what each individual person is saying and to understand the context in which it is intended. For example, gender issues are a particular concern for some cultural groups. A family may request that their female relative deals only with female staff or they may wish that the female relative reside in accommodation where all other residents are female. Staff should respect the family's request and explore all options to respond to it, even though their own belief may be that it is not a critical issue.

It is also important to acknowledge that, like all other members of the community, people from culturally or linguistically diverse backgrounds are entitled to be provided with information and opportunities to make informed decisions about what affects them. Where possible, people from culturally or linguistically diverse backgrounds with disabilities should be supported to access the same services that are available to all other members of the community.

Staff must also be aware of the difficulties faced by people if English is not their primary language and they have difficulty understanding what is being discussed or provided in written form. Staff must ensure that the client, their parents, guardians or carers are able to fully understand all information provided to them. Professional interpreters or translators should be used to achieve this as their independence and impartiality can help to ensure that accurate information is communicated.

It is recommended that family members are not used in the role of interpreter or translator, as there may be conflicts or attitudes which could impair their ability to accurately convey or interpret the information. However, each case should be considered on its merits (for example, a family member may be the only source of interpretation or translation available).

An interpreter or translator should not be expected to adopt the role of advocate. Many ethnic and cultural groups have well established support and advocacy networks offering a range of support services for clients, their parents, guardians or carers. Staff need to be aware of these organisations and should refer clients, their parents, guardians or carers to them if there is an identified need.

In addition, staff should contact the peak advocacy group, Action on Disability within Ethnic Communities (ADEC), for further information and advice.

For More Information

- Refer to the chapter 'Language and Culture'.

Working with People from the Koori Community

The Department of Human Services mission statement for Koori people is:

To improve the health and social well-being of indigenous people in Victoria by improving access, utilisation and effectiveness of the Department's human services in partnership with the Victorian Koori community.

The Koori Services Improvement Strategy (KSIS) provides a set of principles and objectives to direct the Department's Divisions and Regions in assessing and, if required, redeveloping policy, programs and services in partnership with the Koori community.

Central to the monitoring of the implementation of the KSIS is the establishment of regional Reference Groups in every Department of Human Services Region. Each Region will have a KSIS contact officer who is responsible for providing support to the Regional reference group or groups. The KSIS contact officer is a valuable source of information about issues such as making contact with Koori communities, the needs and issues of the local communities and what Aboriginal services are available in the Region. It is strongly recommended that the KSIS contact officer be consulted prior to making any contact with Koori clients, families or community groups.

Koori communities have, in the main, indicated a preference for using services provided by Koori organisations. Koori people are often reluctant to use mainstream services, usually as a result of previous negative experiences. The onus is on providers of mainstream services to ensure their services are culturally aware and relevant to the community.

Koori people may be referred to DisAbility Services by local Koori service providers. Often, a partnership arrangement between the Disability Client Services worker and a worker from the Koori organisation provides the best outcome for the client. This arrangement also provides the opportunity for information and skills sharing by both workers.

Sometimes Koori people approach the Department for services and do not wish to use local Aboriginal services. This may be for a number of reasons. It is vital that staff check with the client prior to approaching another service for assistance, information or advice. In providing services to Koori people, non-Koori workers need to appreciate the importance of family and community within Koori society. For example, when completing assessments and gathering information, the role of the extended family and local community supports should also be considered.

Taking time to build rapport and trust is critical to the development of a positive working relationship. Initial interviews should be less formal with formal assessment/information gathering occurring at perhaps the second or third meeting.

While such understanding is gained from working with Koori people over a period of time, it is recognised that this is not always possible or practical. The Department, therefore, recommends that all staff participate in cultural awareness training.

This training is most often arranged by the Regional KSIS contact officer and is strongly recommended for all Disability Client Services workers who may come in contact with members of the Koori community.

For More Information

- Refer to the chapter 'Language and Culture'.

Disability System Linkages

Within the disability services system there is a number of service activities to which Disability Client Services workers may need to refer clients.

The majority of these activities are supported by detailed guidelines (cross-references are provided where appropriate) and staff are encouraged to access these documents either by obtaining a printed version or by using the hotlinks on the Department's Intranet.

The following is a summary of some of the key linkages for staff to consider.

Service Needs Register

The Service Needs Register (SNR) is a database maintained by the Department on DISCIS to record a client's need for a range of services, including long term accommodation.

Each client's needs are considered in terms of priority by a Regional Priority Panel. The Regional Priority Panel generally comprises representatives from Partnerships and Service Planning and Disability Client Services within the Region, service providers and consumer/advocacy groups.

Each client's need for long term accommodation is recorded on the SNR by Disability Client Services staff as either 'low', 'urgent' or 'high'.

Clients categorised as 'urgent' will be the first to be considered for placement through a vacancy coordination process. The SNR application must clearly identify the urgency criteria under which the application is being submitted. Only one urgency criteria needs to be met for endorsement as urgency.

However, each urgency criteria identified needs to be clearly outlined on the application form with supporting evidence-based information provided for each criteria. Where the information is not clear, a Regional Priority Panel may defer the application and request that further information be obtained.

Requests for In Home Accommodation Support are also recorded on the SNR and applications are presented at the Regional Priority Panel for endorsement of urgency.

The SNR also has capacity to record the client's need for other services, such as respite, outreach and a day service. At the time of writing, these services are not subject to vacancy coordination and do not require endorsement by the Regional Priority Panel.

The SNR is regionally managed, however, cross-regional referrals can be recorded on the data base via the client's Region of origin.

All people with a disability, including intellectual, physical or sensory disability, an acquired brain injury or multiple disabilities, who express a need for long term accommodation are required to have their needs registered on the SNR. Children under the age of 16 years should be registered for family-based placements as a first option.

For More Information

- Refer to supervisor for advice regarding local procedures or guidelines.

Disability Accommodation Services Vacancy Coordination

The aim of vacancy coordination is to enable people with a disability to access the range of accommodation services available to meet individual needs. Through this process, all long term accommodation vacancies are filled by people with a disability who are in the most urgent need of accommodation and who best match the vacancy. All government and funded non-government service providers are required to adhere to the Statewide Vacancy Coordination Guidelines.

A critical feature of vacancy coordination is the selection and matching process which considers the needs of the client seeking an accommodation placement and their compatibility with other residents of the accommodation service where the vacancy occurs.

Flexible Care Packages

Flexible Care Packages include:

- Making a Difference Program
- Continuity of Care Fund
- Family Choices program.

These packages are funded by the Department and are available through various funded agencies across Victoria.

These packages use a combination of case management and discretionary funds to develop flexible support packages for families in specific target groups. In particular, they are designed to help families care for their children, young people or adults with moderate, severe or profound disabilities at home, by providing a flexible range of services that meet their additional support needs.

A case manager assists families to identify their needs and coordinates services and supports to ensure that individual needs are met.

A key aim of the packages is to enhance family decision making. For example, the flexible support that 'makes a difference' will help to reduce stress for the family, enabling the family member with a disability to fully participate in family life.

For More Information

- *Making a Difference Program Guidelines 1997*
- *Continuity of Care Statewide Funding Guidelines*
- *Family Choice Operational Guidelines 1997*

Linkages

Other clients may be referred for assistance to the Linkages program under the Home and Community Care Program (HACC).

The aim of Linkages is to support people with complex care needs to live independently in the community by providing individually tailored packages of care.

The key objectives of Linkages services are to:

- Provide care management and brokerage services to eligible consumers with complex needs.
- Offer consumers a greater choice in the care options available to meet their needs
- Create links with other service providers involved in the delivery of care to ensure the most effective and appropriate transition between different service systems including health care, residential care, community care and private and public services.
- Facilitate a coordinated response to service delivery by involving service providers, consumers and carers in the development and delivery of packages of care.

For More Information

- Victorian HACC Program Manual.

Futures for Young Adults

Futures for Young Adults (FFYA) helps young people aged 18 years and over with disabilities in their move from school to adult options such as employment, further study and/or recreation and leisure activities. The program is a joint initiative of the Department of Human Services and the Victorian Department of Education.

Through FFYA, young people with disabilities are offered a range of adult activities and are supported to choose the best adult option based on their own abilities and interests. The program allows the young person to access different activities as their needs and interests change.

FFYA brings together the young person, their family, school teachers and Disability Client Services workers or a contracted case manager to support the young person in setting long term goals and planning their move from school to adult options.

The target group for FFYA includes a significant number of individuals whose primary disability is not an intellectual disability and who, therefore, receive services under the DS Act. Disability Client Services workers may be required to undertake case management for these individuals even though they may not be required to undertake processes such as eligibility assessments, GSPs and so on.

For More Information

- Refer to their supervisor for information on any specific policies or procedure statements operating in the Region.

Case Management for People Other Than Those with an Intellectual Disability

A number of non-government organisations receive funding from the Department to provide case management services to people with disabilities in addition to those with an intellectual disability. The organisations primarily provide services for people with physical or sensory disabilities, chronic illness or acquired brain injury (ABI).

Disability Client Services workers should consult with Regional Partnerships and Service Planning for further information about what services are available and how to make a referral for people with disabilities other than intellectual disability.

Note:

Where case management is provided to a client through any of the above programs, a decision should be made by all relevant parties, including service providers, parents and carers, as to who is best placed to case manage a particular client. **This decision could be made as part of a case conference or consultation with all relevant parties.**

Once a case management provider is agreed upon, that provider assumes primary responsibility for managing the case and linking into any other relevant supports or services that may be required. **There should only be one primary case manager.**

Transition from Specialist Children's Services

Where a child aged between 0–6 years has been assessed as having a developmental delay, they will be referred for services from Specialist Children's Services, a program of Community Care. At the age of six years, they cease to be eligible to receive services from Specialist Children's Services, but may be eligible to receive services under the IDPS Act. This does not occur automatically and the child must undergo a new assessment for eligibility.

Disability Client Services workers become involved with the child before they turn six, in order to effectively manage the transition. The tasks include screening, acceptance of appropriate referrals and provision of relevant information to other professionals, services, agencies, schools, and so on. When these referrals are received, families require relevant information to enable them to make informed choices about the services they wish to access.

Relevant information can include:

- Eligibility criteria and processes.
- The types of assistance available.
and
- How and when to access these services if they believe their child would be eligible.

Disability Client Services workers liaise with Specialist Children's Services staff, families and other professionals, services, agencies, schools and so on, in determining the most appropriate services for clients during transition.

Disability Client Services workers also have a role in ensuring that information is provided to the families of primary school aged children about the services available through DisAbility Services.

Transition from Other Programs

Some individuals who are eligible to receive services under the IDPS Act may have been receiving services from other programs such as Protective Services.

Disability Client Services workers should work closely with staff from the relevant program to ensure a smooth transition for the client from that program into DisAbility Services. This will involve commencing planning as soon as it is known that the person's involvement with the other program is coming to an end.

It is essential that staff are aware that the criteria for accepting clients from these other programs must be based on the client's need for disability services.

For More Information

- Refer to supervisor for advice regarding local procedures or guidelines.

Protocols with Other Programs and Departments

A number of clients of DisAbility Services will need support or assistance from other programs within the Department at the same time as they are receiving services from DisAbility Services.

Disability Client Services workers should work closely with staff from the relevant program to ensure effective coordination and that the client's best interests remain the primary focus. To ensure that this occurs and to provide all staff with guidance regarding respective roles and responsibilities, DisAbility Services has developed protocols with a number of other programs.

The following protocols are currently in place:

- Protocol between Disability Services and Juvenile Justice (October 1996)
- Protocol between FYCS and IDS—Working Together for Shared Family Care (June 1992)
- Protocol between Intellectual Disability Services and Psychiatric Services (June 1994)
- Protocol between Office of Correctional Services Commissioner, Department of Justice and Department of Human Services (December 1996).

For More Information

- Refer to supervisor for advice regarding the protocols with other Departmental programs. Copies of the protocols are available on the DisAbility Services Internet site: www.dhs.vic.gov.au/disability

Reviewable Decisions

Disability Client Services performs its tasks in accordance with the principles of openness and transparency. Clients and/or their families or carers have the right to be part of the decision making process in relation to the client and to apply for a review or grievance where they believe that an inappropriate decision has been made.

Clients and/or their families or carers should be informed that they are, at all times, able to appeal or make a complaint about any aspect of their involvement with DisAbility Services. Regions should have mechanisms in place to manage these types of appeals.

This chapter, however, focuses on reviewable decisions which are prescribed within the IDPS Act and are subject to review by the Intellectual Disability Review Panel (IDRP).

For More Information

- Refer to supervisor for information on any specific policies or procedure statements regarding local appeals processes within the Region.

The Intellectual Disability Review Panel

The IDRP is a statutory body, independent of the Department, established under the IDPS Act.

The IDRP provides an avenue for people with an intellectual disability to seek a review of certain decisions made by the Department affecting their lives. The IDRP conducts hearings in which the applicant and any other interested parties are able to outline their position and answer questions from Panel members.

Following the review of a decision, the IDRP makes a recommendation to the Department and the Department determines whether or not to accept the recommendations. The IDRP may make a submission to the Minister if the recommendation is rejected.

The role of the IDRP is to:

- Review decisions as specified in section 51 of the IDPS Act.
- Review the cases of security residents every 12 months or earlier as required.
- Advise the Minister or Secretary on any matter which they may refer to the Panel.

It should be noted that the IDRP includes a Departmental member whose role is to use his or her knowledge to assist the Panel to access the evidence before, or draw out relevant information (including policies) from, the parties.

Definition of Reviewable Decisions

The IDPS Act outlines a number of decisions which meet the definition of **reviewable decisions**.

Section 51 defines reviewable decisions as:

- A decision as to whether or not a person is eligible for services under section 8.
- A decision as to the content of a GSP under section 9.
- A decision relating to the amendment or review of a GSP under section 10.
- A decision relating to whether or not a person is intellectually disabled following a re-assessment under section 12B.
- A decision as to whether or not to admit a person to a residential institution under section 18.
- A decision relating to the detention or care of security residents.
- A decision to use restraint or seclusion under section 44.

When one of these decisions is made by DisAbility Services, any person who thinks the decision is unfair or disagrees with it can apply for a review.

Informing Clients/Families of Their Right To Review a Decision

When any reviewable decision is made, the Disability Client Services worker responsible **must** ensure that the person concerned is notified in writing within 14 days of the date of the decision to advise them of:

- What decision has been made.
- The date the decision was made.
- The fact that the decision is reviewable.
- The avenues of appeal, including their right to apply to either the Department or the IDRP.

and

- That they must apply for a review with the Department or IDRP within **30 days of the decision** being made.

This written advice **must** be accompanied by a DisAbility Services brochure, *Appealing a Reviewable Decision*, in the appropriate language.

For the majority of reviewable decisions, this advice is generated as a letter in DISCIS.

For More Information

- Appealing a Reviewable Decision brochures are available from the Disability Services Information Officer in Arabic, Chinese, Croatian, English, Greek, Italian, Macedonian (Slavonic), Russian, Spanish, Turkish and Vietnamese.
- Disability Services Information Officer can be contacted on (03) 9616 7962.

Who Can Apply for a Review?

Anyone aggrieved by a reviewable decision may apply to either the Department and/or the IDRP to have the decision reviewed. This could be the person with an intellectual disability who is affected by the decision or a family member, friend, advocate or guardian.

What Is the Process for Reviews?

Every effort should be made to resolve any disagreements at the level closest to where the reviewable decision was made. However, clients and their families and advocates must be assured that application to the IDRP remains open to them at any time.

A person who is not happy with a decision may ask the Department to look at the decision again, that is to reconsider it. Any such reconsideration will be conducted by Disability Client Services workers in consultation with their supervisor or regional management and must be done promptly to minimise delay and uncertainty for the person.

If the aggrieved person's concerns are not satisfied through discussion or negotiation with Regional staff, the person may apply for formal review with either the Department or the IDRP within 30 days of the decision being made.

Note:

The aggrieved person should be provided with information and assistance relating to review processes.

Formal Departmental Review Process

If applying to the Department for a review, the application can be made in writing or by telephoning the Manager, Disability Client Services.

The review must be completed and the person notified of the outcome within 14 days of receipt of the application.

If the person is still aggrieved, they may, within a further 14 days after receiving notification of the outcome of the internal review, make an application to the IDRP for a review of the decision.

For More Information

- See 'Tips for Conducting a Formal Departmental Review' on page 7 of this chapter.

Review by the IDR

An application for a review may be made to the IDR on an application form available from Disability Services Regional offices or the IDR. Alternatively, the application may also be lodged by telephone directly to the IDR.

The Disability Client Services worker should provide assistance, as necessary, to the aggrieved person in making the application to the IDR. This may involve obtaining a copy of the application form or providing the telephone number.

Notice To Attend

The IDR will notify the Secretary and the Region in writing at least 14 days before a hearing is to be held.

The IDR usually requests a written response to the issues raised by the application within 14 days of the Region receiving this notification. It also invites the Secretary or a representative to attend the hearing.

In practice, the Secretary will be represented at all hearings by a Regional officer. Regions have discretion to determine who the representative will be, however, it is suggested that a senior officer of at least team leader level attend.

At the hearing, this staff member performs a very different role to that of the Departmental member on the Panel, in that they are presenting the Department's in relation to the original decision.

If the Region considers that the application is not about a reviewable decision, the Manager, Disability Client Services should contact Disability Services Branch to discuss the response to be provided to the IDR.

Intent To Attend

The Regional Director should inform the IDR Executive Officer in writing who will be representing the Secretary and any other relevant officers attending, such as the client's case worker, psychologist or unit manager. This should be done within 14 days of having received the notice and at least three working days before the conference or hearing.

Preparing for the Hearing

The Regional Director is responsible for nominating a Regional representative and, if necessary, other relevant officers to attend hearings on a case-by-case basis.

In preparation, the Regional representative should:

- Ensure they are thoroughly briefed and have the Regional Director's authority to represent the Department's views.
- Ascertain the specific issues relating to the reviewable decision (for example, in a review of a GSP, check which life areas and/or goals are under review and why).
- Request copies of all documents relating to the reviewable decision currently available to the IDRP.
- Ascertain whether the applicant will have legal representation. Seek advice from the Department's Legal Services Branch if the application raises significant legal issues or the applicant has legal representation.
- Prepare a report outlining the circumstances surrounding the decision which can be tabled at the hearing.
- Ensure that any staff attending are familiar with the report contents.
- Take at least five copies of any relevant documents, such as the eligibility assessment or GSP, for panel members and the applicant.
- If appropriate, ensure that written material has been translated.

For More Information

- Refer to 'Tips for Preparing a Report for the Intellectual Disability Review Panel' on page 9 of this chapter.

Staff may wish to take other information to the hearing, such as notes for their own reference, however, they should be aware that the IDRP may request that this information be tabled or made available to the other parties.

Outcome of an IDRP Hearing

Following a hearing, the IDRP will make a decision and forward its report and recommendations to the Secretary and the relevant Regional Director (and a copy to the DisAbility Services Branch for information).

If the Region **accepts** the IDRP's recommendations, the Regional Director must, within 21 days, advise the Panel of the Region's acceptance of the recommendations and the steps that will be taken to implement them. Copies of the acceptance letter should be forwarded to the Director Disability Services.

If the Region **rejects** any or all of the IDRP's recommendations, a letter outlining why the recommendations have been rejected is sent to:

- The IDRP President.
- The person the decision concerns.
- The applicant (if this is not the same as the above).

- The primary carer of the person the decision concerns.
 - The Secretary
 - Director, DisAbility Services
- and
- Any other person that the IDRPs has directed be given notice.

Note:

The copy of the letter which is sent to the Secretary should be accompanied by a detailed briefing of the circumstances around the Region's decision.

Regions will need to develop the letters and briefings to take account of the specific circumstances of the case being rejected—therefore no samples are provided in this manual.

If the Department rejects the IDRPs recommendations, the Panel may make a submission about the recommendation to the Minister. The Act does not limit the action that the Minister may take. In practice, the Minister may:

- Overturn the Department's decision.
- Confirm the Department's decision.

or

- Seek further advice.

Recording the Appeal

Staff must ensure that when any appeal is received a Client Review Summary is created in DISCIS and updated when the review is resolved.

Tips for Conducting a Formal Departmental Review

Upon receipt of an **Application for Internal Review of a Reviewable Decision** request, the Manager Disability Client Services should ensure that:

1. The decision and the application for review are considered by an appropriately qualified person (or independent 'expert') who was fully independent from the original decision-making process.

(For example, a decision regarding assessment for eligibility may be referred to the most senior psychologist in the region, provided that that officer was not involved in the original assessment. In other cases, a senior officer from another program within the region may be appropriate.)

2. The region's Manager Client Services convenes a meeting with all relevant parties to review the decision.
3. The meeting is conducted formally, but in a manner which is non-threatening to clients and/or their representative(s).
4. The meeting has a formal agenda to ensure that all parties are able to have their views heard. The agenda may vary depending on who wishes to present a case, but as a rule should be in the following order:
 - The client or the applicant presents their concerns about the decision.
 - The independent 'expert' provides their assessment of the decision.
 - The Disability Client Services response. (Usually the Disability Client Services worker who made the recommendation and/or the Manager Disability Client Services. The response should also detail the action taken to assist the client as a result of the decision.)
5. The Manager Client Services then considers all the information presented and provides written notification of the outcome of the review within one or two days of the meeting.
6. Detailed minutes of the meeting are taken and provided to the client and applicant with the letter from the Manager Client Services.
(These minutes may also be presented to the IDRP should the applicant lodge an application for the decision to be reviewed by the IDRP.)

Tips for Preparing a Report for the Intellectual Disability Review Panel

This report should be used by Departmental staff for easy reference during the course of the proceedings and tabled at a formal hearing if required.

The report should be co-signed by the Manager Disability Client Services.

The report should cover the following headings and may include details as indicated:

Client Details

- Include client identification details such as, name, address, date of birth and, where applicable, cultural or linguistic issues such as the need for an interpreter and/or translator).

Details of the Decision (eg. eligibility assessment)

- Present the issues which led to the original decision being taken.
- List the parties involved in the decision. (If necessary add a separate page, giving full details such as names, position, organisation relationship to the client etc.)
- Provide advice, and/or copies, of any subsequent independent reviews of the decision.

Relevant Background Information

- Provide a background summary of relevant areas such as family situation, living arrangements, program placements and employment.
- Discuss relative priority and need of the client.
- Outline previous efforts made to resolve the issues, including whether these were successful.
- Discuss the solutions currently sought by the client and/or applicant. What do they want changed? How?
- Outline any alternative options considered.

Additional Information to Assist in the Review Process

- List reports currently available which would assist in the review process. (Include the title, author's name and date prepared.)
- Note the source of information used to compile the report.
- Provide a conclusion which states the Department's preferred position regarding the reviewable decision.
- Provide details if there are any statewide implications.

Region and Contact Details

- Include region details, contact information, who prepared the report (including title of position) and date the report.

Other Information as Requested

- Include any other information as specifically requested by the IDRPs.

Externally Provided Service Components

While working within the practice framework outlined in the earlier chapter, some components of the Disability Client Services process may be provided external to the Department by non-government organisations or professionals.

It is important to remember that the IDPS Act specifies that responsibility for many of the functions performed by Disability Client Services workers rests with the Department or its staff. This is because the Department has a duty of care towards its clients.

Therefore, while certain functions may be provided externally, the Department and its staff retain legislated responsibility for the outcome.

In addition, case management in relation to clients on legislative orders which are the responsibility of the Department (for example, justice plans or orders under the Crimes (Mental Impairment and Unfitness to be tried) Act) must be undertaken by Disability Client Services.

At all times, Disability Client Services workers must ensure that DISCIS is updated (generally this will be a case note) indicating that the component of the service process is to be provided by an external service provider.

The degree to which external service provision should occur within each component of the service process will vary. The following sections provide guidelines for each of the components.

Assessment of Eligibility

The IDPS Act specifies that the Department is responsible for determining eligibility. In practice this means that the Manager, Disability Client Services, has delegation to determine eligibility on the basis of the recommendation of Disability Client Services workers.

In order for the Disability Client Services worker to make an informed recommendation about a client, they should be fully involved in the assessment. Therefore, while components of the assessment may be contracted, it is strongly recommended that responsibility for conducting the assessment remain with an allocated Disability Client Services worker.

An example of where the services of an external organisation or professional may be required and appropriate is when eligibility is not clear and further assessment is deemed to be necessary. In this situation, psychologists external to the Department may be used to conduct an intelligence quotient (IQ) test or assess adaptive behaviour. However, in undertaking these, the psychologist is not assessing eligibility, but is providing additional supporting information to assist the case worker make their recommendation.

Subject to the recommendation provided, the Manager, Disability Client Services, is delegated to, within 14 days of the assessment, issue a Declaration of Eligibility or advise the person that they are not eligible to receive services. This advice must include advice that the decision regarding eligibility is a reviewable decision.

As discussed in the chapter Assessment of Eligibility, Disability Client Services workers are responsible for preparing the Assessment for Eligibility report (AFER) in DISCIS.

Case Management

Case management can be undertaken by external agencies, provided that Departmental staff retain their legislative and DISCIS processing responsibilities.

Components of case management which may be provided to external agencies include assessment of needs, planning, case implementation and case monitoring.

Case Planning/General Service Plans

The preparation of case plans (which may or may not be a formal GSP) may be undertaken by non-government service providers.

However, where planning uses a GSP, the IDPS Act specifies that the Department is responsible for its preparation and that the GSP is a reviewable decision. In practice, this means that while the planning may be undertaken by an external agency, the Disability Client Services worker is responsible for generating the GSP in DISCIS and providing copies of it to the client and other parties involved in its preparation. In addition, the Department is responsible for providing formal written advice to the client that the plan is a reviewable decision and outlining the timetable for applying for a review with the Department or IDRP.

Case Closure

Where case management has been undertaken by an external agency, it is important that appropriate communication is maintained so that advice regarding the agency's decision to close the case is received and recorded in DISCIS.

Specialist Functions

Disability Client Services teams may not possess the specific skills, expertise or training to undertake some specialist interventions, for example human relations. In this circumstance, it is clearly in the client's interest for these services to be provided by specialists or experts in the relevant field.

When engaging external service providers, however, care should be taken that the provider is given clear advice about what is being contracted, what the goals are and the anticipated timelines. For example, a contract for 'human relations' intervention may lead to a broad unfocussed intervention which does not address or deal with the specific needs of the client. However, if the contract clearly states which aspects of human relations need to be addressed, based on the assessment of deficits of the client, the intervention has a far greater likelihood of successfully achieving the goals specified in the case plan.

Summary

Legislated responsibilities which cannot be externally provided

- Determining eligibility.
- Issuing Declaration of Eligibility.
- Case management for clients on justice plans or orders which are the Department's responsibility.
- Provision of copies of GSP (or relevant sections) to parties involved in its preparation.
- Issuing advice to the client regarding the GSP being reviewable decisions.

DISCIS responsibilities which cannot be externally provided

- Preparation of AFER in DISCIS.
- Generation of formal advice regarding ineligibility to receive services.
- Maintaining record in DISCIS which agency has been allocated a case.
- Preparation of GSP in DISCIS.
- Generation of formal written advice to client regarding the GSP being a reviewable decision.

Responding to Enquiries

This chapter describes the main response functions performed by Disability Client Services workers during the initial phase of contact between an individual and the Department.

This commences with the initial contact and, depending on the circumstances, may continue through to referral for assessment and long term service options.

The main functions are:

- Providing callers with information about services provided by other Departmental programs or non-government agencies.
- Referring callers to other Departmental programs or non-government agencies for appropriate services.
- Screening for potential eligibility for services under the IDPS Act.
- Providing referral to emergency services.
- Accepting requests for services under the IDPS Act.

The term used in DISCIS to describe these functions is 'Contact'. Regions may use the terms 'Duty', 'Intake' or 'Response' to describe elements of the Contact phase.

The staffing arrangements for the functions will also vary from Region to Region.

For More Information

- Refer to supervisor for further information on any specific policies or procedure statements operating in the Region.

Any person in the community can make an enquiry about receiving services from the Department.

Things To Consider

Calls May Be from Anyone in the Community

Any individual or their parents, guardian or carer can contact the Department to enquire whether the individual may be able to receive services. Often this is the initial point of contact between an individual or their parents, guardian or carer and Departmental staff.

Enquiries may also be received from professionals, other government programs or non-government service providers regarding service availability for an individual.

All callers should be informed that information provided during the call may need to be recorded.

Staff who respond to enquiries should have a range of skills, including good interpersonal skills.

Some callers may require the services of an interpreter.

Recording Calls

The information provided by individuals, even in an initial telephone call, may need to be recorded. Prior to recording any such information on the system, the Disability Client Services worker taking the enquiry must inform the caller that the information will be recorded.

If the call relates to an existing client or a person who is potentially going to be a client, the caller must be informed that the information will be recorded and maintained on DISCIS.

For other types of calls, Regions will have other manual recording systems.

Staff Skills

Surveys of members of the public who have made contact with the Department, have indicated that satisfaction with services they receive is dependent on the responses by staff.

These responses will be effective if staff working in this function have good interpersonal and other skills. These include being:

- A good listener
- Positive and encouraging
- Responsive to the caller's needs
- Patient
- Able to provide clear information about what action will be undertaken
- Able to indicate, and meet, reasonable timelines for responses.

Interpreting Services

If callers do not speak English well, or have trouble expressing themselves in English, the Telephone Interpreting Service should be used.

Many people making enquiries will only need information about what services are available.

Referral to Other Programs or Services

It is recommended that all Regional offices which deal with enquiries maintain up-to-date records of organisations to whom callers may be referred for further information or assistance. Where appropriate these records will include local contact numbers for services such as:

- Disability Information Service
- DisAbility Services Branch Internet Home Page
- Enquiry/Response contacts for other Regions
- Victoria Police
- Sources of financial counselling or assistance
- Local government services
- Koori services
- Ethnic welfare and advocacy groups (particularly ADEC)
- The Guardianship List
- Office of the Public Advocate
- Appeal bodies (particularly the IDRPs)
- Sexual assault services
- Community health centres
- Centrelink
- Legal aid services
- Emergency accommodation services
- Respite services
- Department of Education
- Interpreting/translating services
- Housing services
- Vocational services and programs.

Note:

The Region may have a person who is responsible for updating and maintaining this information.

Some requests may not relate to an individual client situation.

A significant part of the initial enquiry is 'screening'.

Initial screening may establish that the person will be ineligible to receive services.

Requests for Information

Some callers may simply be seeking information about services provided or funded by DisAbility Services, after which no further action is required. For example, written information is sent to a student or to a person enquiring generally about services provided to people with an intellectual disability.

Screening

The term 'screening' refers to the process during an initial contact where Disability Client Services workers make a preliminary assessment of the individual's circumstances and determine which program area is most appropriate for them.

For example, it may be determined that there are children at risk and, therefore, a referral to Protective Services should be made. It may also be apparent that the person will not be eligible for services provided by the Department under the IDPS Act. In these situations, the caller may be provided with information about, or referred to, services provided by other Departmental programs or to programs available outside the Department.

A caller will need to provide information to enable appropriate action to be taken. The information required will vary from caller to caller, however, there are some questions which should be asked in all situations.

This manual has provided some tips as a guide to the questions which should be asked.

For More Information

- Tips for Questions to Ask During an Initial Enquiry on Page 11.

Ineligible for Services

Initial screening may clearly establish that the person will not be eligible for services under the IDPS Act.

This information should be conveyed to the caller sensitively. Information about other possible service options and suggestions or assistance in accessing these should also be provided.

Initial screening may indicate that the person is likely to require services

For example, the person's disability may be the result of a head injury after the age of 18 years. They may, therefore, be entitled to services under the Disability Services Act and should be referred to the Region's Provider Management team.

Eligible for Services

Initial screening may indicate that the person does require access to services and that a Disability Client Services worker needs to be allocated to conduct an eligibility assessment or, if the person is already eligible, to undertake an assessment of needs.

The enquiry/response process should clearly identify why the person is requesting access to services at this time, relevant background history and some indication of urgency factors.

If the situation is urgent or the intake worker is unclear about accepting a request, they should discuss the matter with their supervisor or manager as soon as possible.

Note:

Eligibility, case management, placement on a waiting list, GSPs and GSP reviews are not services in themselves—they are part of the process for providing appropriate services to a client.

For More Information

- Assessment of Eligibility.

A person may require a one-off, time-limited response.

One-off Response

A one-off, time-limited response is a specific task that is completed by the person taking the enquiry, after which no further action is required by the program area. Examples of this type of response are:

- Where a registered client requires a letter to assist them to access an alternative service
or
- A client provides notification of a change of address.

A person may require an emergency response.

Emergency Response

It may be determined that an emergency response is required to minimise a potential risk to the person who is the subject of the call. For example, a person may be seeking emergency accommodation as a result of sudden serious illness of a sole parent.

Prior to accepting a request for an emergency response, the Disability Client Services worker taking the call may need to make a judgement that the person is likely to be eligible if assessed at a later time and obtain endorsement of this course of action from the Manager, Disability Client Services.

A person may require short term support.

Short Term Response

In some instances, the family may not require formal case management, but will require some assistance or support in self-managing the process of obtaining access to services.

In this situation, the Disability Client Services worker may need to undertake more involved intervention(s) than a telephone call (for example, they may need to visit the client/family).

While this type of involvement will not require a GSP, it should still be conducted in a planned way.

The Process for Responding to Enquiries

Ensure that the person is from the correct Region.

Requests for Service (RFS) should generally only be taken from people who are living in, or moving into, the Region. Callers who live in another Region should be redirected to the enquiry/response team in the appropriate Region who will be in a better position to provide information about local services.

If the person requesting service is not the client, guardian or primary carer, the worker must be satisfied that the consent of the client or guardian is provided before a RFS can be taken.

Identify the person's needs.

The person taking the enquiry should identify a need (for example why the person is seeking assistance at this time) prior to accepting a request for service. This may include needs in the areas such as living situation, vocation, education, personal advocacy or support, health, leisure, finance, communication, community access, family support.

Obtain additional information if the person is involved in the criminal justice system.

If the person requesting service is involved in the criminal justice system, the intake worker should obtain the following information:

- Has the person been charged? (by summons, arrested and bailed or arrested and remanded in custody).
- Details of charges.
- Has an eligibility assessment or Justice Plan been requested by the court?
- Date and place of next court appearance.
- Solicitor's name and number.
- If relevant, details of any current court orders.

If the person is in contact with the criminal justice system, the person's Region of origin is generally responsible for accepting and acting on an intake RFS. Exceptions to this should be negotiated on an individual basis by the Manager, Disability Client Services.

Record and store the information.

All clients residing in training centres, who come into contact with the criminal justice system must be referred to Disability Client Services for case management.

Where the Office of the Public Advocate or the Police wish to make a request for service on behalf of a person, the standard intake procedures apply. In addition, the consent of the person or guardian must be obtained before any action can be taken.

For More Information

- Criminal Justice Practice Manual

The processes and procedures for undertaking the enquiry and response functions vary between Regions. In terms of processing these, the key component to consider is how the information will be recorded and stored.

For certain types of enquiry, local Regional arrangements may be in place. However, DISCIS must be utilised when people are likely to be assessed as eligible to receive services.

Enquiries can be broadly grouped into four categories:

Non-Client Specific Requests

Some calls are made to request general information about services provided for people with a disability (for example, a student undertaking a project).

This request will not be entered in DISCIS and Regions should maintain a manual system for recording this type of enquiry.

Persons not likely to be eligible

If initial screening of a call indicates that the caller, or the person for whom they are calling, is unlikely to be eligible for services, a new client should **not** be created in DISCIS. The enquiry should be recorded manually at this stage, with the opportunity to create the client in DISCIS in the future, if additional information is provided which leads to the person requiring formal assessment for eligibility.

DISCIS**Persons who are already recorded in DISCIS**

If a call is received from, or on behalf of, a specific person **already** recorded in DISCIS, an appropriate intake record must be recorded on DISCIS.

This may involve making a simple record of calls which provide or request information, such as a change of address for the client or confirming arrangements for attendance at a program.

Alternatively, if the person was previously assessed as eligible and is now seeking new or additional services to meet current needs, a new RFS will need to be created.

Persons who are likely to be eligible for services

If a call is received from, or on behalf of, a specific person who is **not** currently recorded in DISCIS, but who it is believed may be eligible for services, the person should be created in the system.

DISCIS

In this situation, the worker must create a Request for Service requiring an Eligibility Assessment (RFS/EA).

Tips for Questions To Ask During an Initial Enquiry

Who is the caller - for example, are they the potential 'client' or are they calling on behalf of another person?

If calling on behalf of another person, what is the caller's relationship to that person?

Where does the person for whom the call is being made live?
(If the person has contacted an office outside their Regional boundary, it may be appropriate to refer the caller to the correct Region before going any further.)

How old is the person for whom the call is being made?

What is the problem/what has happened to cause the caller to make the contact?

What indicators make the caller think that the individual has a disability or needs services from the Department?

Are there any risk issues/a sense of urgency?

Are there any other factors which impact on the services the person may require?

Has contact previously been made with the Department in relation to the person for whom the call is being made?

If there has been previous contact, was the person assessed as being eligible to receive services under the IDPS Act?

Are there any other services/individuals already providing support or who have involvement with the person?

Does the person, on whose behalf the call is being made, know and consent for the call to be made?

Is the person, on whose behalf the call is being made, willing to receive assistance?

Assessment of Eligibility

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A person must meet the full definition of intellectual disability to be eligible to receive services under the Act.

There are three broad terms that help to interpret the definition.

Things To Consider

To be eligible to receive services under the IDPS Act, an individual must be assessed as being intellectually disabled as defined by the Act.

Individuals who are not intellectually disabled will be provided with information or referral to other services appropriate to their needs.

Definition of Intellectual Disability

The IDPS Act defines intellectual disability as follows:

Intellectual disability, in relation to a person over the age of five years, means the concurrent existence of -

- (a) significant sub-average general intellectual functioning;
- and
- (b) significant deficits in adaptive behaviour - each of which became manifest before the age of 18 years.

Explanation of Terms in Definition

‘Significant sub-average general intellectual functioning’ is defined as more than two standard deviations below the population average, as measured by standardised intelligence tests. In determining whether an IQ score is more than two standard deviations below the mean, the standard error should be taken into account at the 95 per cent confidence level.

‘Significant deficits in adaptive behaviour’ means a score at or below the second percentile of people of the same age and cultural group on a standardised assessment of adaptive behaviour. ‘Adaptive behaviour’ refers to personal skills, such as self-care and communication. This means that, if a standardised measure of adaptive behaviour is used, the person's score must fall in the bottom 2 per cent of people of the same age and cultural group in order for them to meet this criterion.

‘..each of which became manifest before the age of 18 years’ means that deficits in both intellectual functioning and adaptive behaviour must occur before the person's eighteenth birthday.

A person requesting services must be assessed for eligibility.

This is particularly important when assessing people who have had no prior contact with any service typically used by people with an intellectual disability, and who show significant deficits in both adaptive behaviour and intellectual functioning. Such deficits appear in certain degenerative neurological disorders such as Hodgkin's or Alzheimer's disease, chronic psychiatric disorders or through brain injury, which often manifests after the age of 18 years.

It is possible that people who meet the criteria for intellectual disability as stated in the IDPS Act, may **also** develop neurological diseases, psychiatric disorders and brain injury in adulthood, and they should not be excluded from services.

An individual is not eligible for services under the IDPS Act if the deficits in adaptive behaviour and/or intellectual functioning were not manifested prior to the age of 18.

Need for Assessment

Requests for an assessment for eligibility may be lodged by:

- Any person over the age of sixteen who believes that they have an intellectual disability

or

- Any parent, guardian or primary carer of a person over the age of six years believed to have an intellectual disability.

No Age Limit

There is no upper age limit that precludes people from receiving services. However, where a person aged over 65 years requests services, the Disability Client Services worker should investigate whether there are more appropriate aged care service options available. Any proposed course of action for people in this age group should be discussed with the supervisor and endorsed by the Manager, Disability Client Services.

An Individual Chooses Not To Be Assessed

If an individual over the age of 16 has requested services but chooses not to be assessed, the assessment for eligibility cannot proceed and the individual will not be able to receive services. The individual should be informed of this fact and be given information about other services, such as community health centres and local council services.

The individual or their parent, guardian or carer must sign an Application for Assessment of Eligibility before the assessment can take place (see Appendix 1 to this section).

Assessment within 30 Days

The IDPS Act states that the assessment must be undertaken within 30 days of receiving the request. In practice, this means that assessment must commence within 30 days of receiving the signed Application for Assessment of Eligibility form.

Emergency Situations

In an emergency, a person is able to receive services prior to an assessment being conducted, if it is believed that the assessment will result in the person being declared eligible.

In this situation, an assessment for eligibility should be conducted as soon as possible, and by no later than 30 days after the services are provided unless a decision has been made to defer the assessment.

'Emergency' is not defined in the Act and is left to the discretion of the Manager, Disability Client Services.

Where services are provided in an emergency, the client and the family must be advised that no further services will be provided to the person if they are subsequently assessed as ineligible.

Court Request

A court may request a Declaration of Eligibility during a court case prior to sentencing, usually where it is determined that a Justice Plan is required.

If there is no valid Declaration of Eligibility, an assessment for eligibility must be undertaken. The direction of the court overrides the need for the consent of the accused. An adjournment of the court may be sought to enable completion of the assessment of eligibility.

For More Information

- Criminal Justice Practice Manual.

The assessment must be undertaken within 30 days of receiving the request.

In emergencies, services can be provided without an assessment.

A court may request a Declaration of Eligibility.

'Pre-Act' clients may be able to receive services without an assessment.

Pre-Act Clients

If it is established that the person requesting services was registered with the Department prior to the proclamation of the IDPS Act (before October 1987) they are regarded as a 'pre-Act' client.

A pre-Act client who has received any funded services under the Act (such as day placement, accommodation) in the two years prior to their current request may receive any additional services requested without an assessment of eligibility being undertaken.

Note:

Services in the above context do **not** include assessment of eligibility, case management, placement on a waiting list or preparation or review of GSPs—they are part of the process for providing services.

A pre-Act client who has not received any services in the two years prior to their current request, is required to be assessed for eligibility prior to accessing any services. The only exception is if it is determined that emergency services are required.

An Application for Assessment of Eligibility form must be signed and the standard assessment process followed.

If a pre-Act client does not have a Declaration of Eligibility based on an assessment, and a court has requested a statement or a declaration of eligibility, an assessment must be undertaken. In some situations the Guardianship List may request a statement of eligibility. In these circumstances an assessment may also be required.

If a pre-Act client has been accessing services within the past two years and it is reasonably believed that the original assessment may differ to the client's present status, a re-assessment of the client's eligibility may occur. (See section on Re-assessment.)

Children Under Six Years of Age

Children under the age of six years may be assessed for eligibility.

Children between the ages of five and six who are attending school and therefore not receiving services from Specialist Children's Services, may be assessed for eligibility using the criteria for the determination of intellectual disability.

If a child has been assessed as being developmentally delayed, and has been receiving services from Specialist Children's Services, they will need to be formally assessed for eligibility on reaching the age of six years prior to receiving services.

Regions should establish effective communication with Specialist Children's Services to ensure the early identification of clients who are likely to be eligible and in need of services so that appropriate planning can be commenced.

Assessment of Eligibility Report

The formal assessment process requires the completion of an Assessment for Eligibility Report (AFER).

Disability Client Services workers are responsible for the completion of the AFER.

When gathering information for an AFER, Disability Client Services workers may require information from a source other than the client (for example, from the client's doctor or a psychologist). In this situation, the client or their guardian or primary carer must authorise the release of information to the Department.

Deferring Assessment

The IDPS Act specifies that, if it is believed on reasonable grounds the assessment to be conducted will not reliably establish the person's eligibility, the assessment process can be deferred for up to three months.

The decision to defer can be made prior to the commencement of the assessment or at any time during the assessment process, but only after an Application for Assessment for Eligibility has been signed.

There must be a reasonable belief that a deferral of **three months** will have a significant impact on the outcome of the assessment.

The release of information about the individual must be authorised.

In certain circumstances an assessment may need to be deferred.

It may be better to withdraw the Application for Assessment rather than defer the assessment.

An individual may be re-assessed if there are any changes in their circumstances.

Services can be accessed during the deferral period if the situation is regarded as an emergency, and it is likely that the person will be declared eligible when assessed.

For More Information

- The Deferral Process, page 21.
- See chapter on Confidentiality and Information Privacy.

Withdrawing Application for Assessment

If it is believed that the individual would still not be reliably assessed after three months, it would be preferable to encourage them, or their parent, guardian or carer, to withdraw the application until a more suitable time.

This is because an assessment must be conducted three months after a deferral and it may be in the individual's interest not to be subjected to this process when it is clear that it will not establish eligibility.

An application for eligibility assessment can be withdrawn at any time before a declaration of eligibility is signed.

If the application for eligibility is withdrawn, the applicant should be informed that another request for eligibility can be submitted at a future date.

Re-assessing Eligibility

A re-assessment of eligibility may be required where it is believed that there have been changes in an individual's circumstances which would alter their eligibility status.

Re-assessment may be instigated:

- Where it is reasonably believed that re-assessment of an individual who has previously been assessed as eligible to receive services would result in the individual not being assessed as intellectually disabled.

or

- Where it is reasonably believed that re-assessment of an individual who has previously been assessed as ineligible to receive services would, on the basis of new facts or changed circumstances, result in the individual being assessed as intellectually disabled.

Note:

For the purposes of these guidelines, the term 're-assessment' also applies to pre-Act clients who may not have been formally assessed previously if there is likely to be a change from their current status.

For More Information

- Re-assessment Process, page 23.

Changed circumstances which might provide reasonable grounds for a re-assessment include:

- Significant changes have subsequently occurred that may impact on the person's intellectual functioning, especially during the developmental period.
- The person had an acute mental illness at the time of the initial assessment.
- The person was adversely affected by alcohol or other drugs at the time of the initial assessment.
- There is additional information that was not available at the time of the initial assessment.

Re-assessment may also occur where the Department agrees to a recommendation by the IDRPs following the hearing of an appeal against an eligibility decision.

Re-assessment may occur in cases where a person has been receiving services without being formally assessed previously and the person is now unlikely to be eligible.

Lodge an application for assessment.

Make the initial contact with the individual and their parent, guardian or carer.

The Assessment Process

The purpose of conducting an assessment for eligibility is to determine whether an individual seeking services from the Department meets the criteria outlined in the previous section. While all three criteria must be present for a person to be determined as eligible, this should be established by the least intrusive assessment process as possible.

An application for Assessment of Eligibility can be lodged by:

- A person over the age of 16 who believes that they have an intellectual disability.
- or
- A parent, guardian or primary carer of a person over the age of six years believed to have an intellectual disability.

An Application for Assessment of Eligibility form must be completed prior to the assessment commencing.

The assessment for eligibility process should begin with an initial contact with the individual and their parent, guardian or primary carer.

It is essential that the Disability Client Services worker who is undertaking the assessment meets with the individual being assessed. The initial contact should occur within five working days of being allocated the case.

Where language and/or cultural factors may impact on the assessment, the Disability Client Services worker may need to obtain assistance from a relevant culture-specific organisation or interpreter/translation service to identify, and develop strategies for dealing with the assessment. This should occur prior to the initial contact.

For More Information

- See the chapter 'Language and Culture'.

The Disability Client Services worker must advise the individual and their parent, guardian or primary carer what will happen with information gathered throughout the assessment process.

Obtain copies of other relevant information (where applicable)

The individual and their parent, guardian or primary carer should be advised that information may also need to be obtained from other sources, such as doctors or psychologists. If this is anticipated, the individual and their parent, guardian or primary carer should be requested to sign an Authority for Release of Information to the Department for the Purpose of Determining Eligibility (sample provided at the end of this chapter).

The information gathered during the initial contact, any follow-up meetings or telephone calls or information obtained from other sources will be collated into an Assessment for Eligibility Report.

For More Information

- Confidentiality and Privacy chapter.

During the initial discussions with the individual and their parent(s), guardian or carer, it may be established that the individual has previously undergone tests or assessments which may be relevant to the current assessment process.

In this situation, the Disability Client Services worker should request copies of these, if they are in the family's possession, or the name of the relevant professional to contact.

Disability Client Services workers must ensure that an Authority for Release of Information to the Department for the Purpose of Determining Eligibility form has been provided to, and signed by, the parent, guardian or primary carer before requesting the documents (see sample at Appendix 2 to this chapter).

Note:

The form makes provision for a number of persons or agencies to be listed. However, in some circumstances, the client or guardian or primary carer may prefer to list each person or agency on a separate form to further protect the client's confidentiality.

Compile the Assessment for Eligibility Report

DISCIS

Summarise and make recommendations arising from the AFER

The Assessment for Eligibility Report (AFER) is the report format used by Disability Client Services to compile a comprehensive picture of the person's life including their developmental history, educational progress, vocational history, relevant medical information, current adaptive skills and information from other agencies that may be relevant.

The information contained in the AFER, plus any other reports obtained, will be used in making the decision as to whether an individual is eligible or ineligible to receive services.

The AFER is generated by DISCIS and is run as a Microsoft Word document.

When the AFER is generated, the document will already contain data from DISCIS, such as client, guardian or administrator details. This is known as 'auto-populating'.

The remainder of the information is entered by the worker conducting the assessment. 'Macro prompts' at all steps throughout the document provide guidance as to the information required in each section.

There are, however, a number of issues for workers to consider to ensure that the information they include is sufficiently accurate and comprehensive to allow the Manager Disability Client Services to make a decision whether the individual is eligible or ineligible to receive services. See 'Tips for Good AFER Completion' as a guide to the quality of information required.

After completing all details in the AFER, the system will provide a prompt **'Is the Declaration of Eligibility recommended on the basis of this report?'**

Prior to making this selection, the Disability Client Services worker should discuss their suggested course of action with their supervisor.

- If the information gathered in the AFER clearly indicates that the criteria for eligibility have been met and, therefore, no further assessment is required, workers should select **'Yes'** on the DISCIS screen.

If **'Yes'** - go directly to Declaration of Eligibility on Page 17 of this chapter.

- If the information gathered in the AFER **does not** provide a clear indication that the criteria for eligibility have been met and, in discussion with the supervisor it is determined that further assessment is required before a decision can be made, workers should select '**No**' on the DISCIS screen.

If '**No**' - continue reading from this point onwards.

Determine whether further assessment is required.

Where information gathered during the collation of the AFER does not provide a clear indication of whether the person is eligible or ineligible, further assessment will be recommended.

The decision as to whether the person requires further assessment is made by the Manager, Disability Client Services or team leader, based on the information contained in the AFER.

Further assessment may be conducted by a psychologist either employed by the Department or by a contracted psychologist

Standardised assessments should be selected solely on the basis of their relevance to determining eligibility.

In some situations, there may be a need to use specialist assessment tools, for example, where a person has a significant hearing impairment. In these cases, the psychologist should consult with other professionals with expertise in the relevant area.

For More Information

- See chapter on Contracting Components of the Service Process.

A person must not be declared ineligible for services without a standardised assessment of general intellectual functioning.

The only exception to this is where there is clear evidence that deficits were not manifested in the developmental period (before the age of 18). For example, if the person requesting an eligibility assessment sustained a head injury at the age of 20, and prior to that time exhibited no deficits, formal assessment would not be required to declare that person ineligible.

As a person cannot be found to be ineligible on the basis of an adaptive behaviour assessment alone, it is generally recommended that an IQ test should be the initial step for further assessment.

Formal Assessment of Intellectual Functioning (Cognitive Tests)

The formal assessment of intellectual functioning requires the administration of an IQ test. IQ tests may only be administered by psychologists registered under the *Psychologists Registration Act 1991*, or probationary psychologists under the supervision of a registered psychologist.

If the assessment indicates that intellectual functioning **unequivocally** falls above the range considered 'significant sub-average', (a score greater than two standard deviations below the mean, taking into account the standard error of measurement at the 95 per cent confidence level), then further assessment of adaptive behaviour is not necessary. **In these circumstances the person cannot meet the definition of intellectual disability which requires deficits in both intellectual functioning and adaptive behaviour.**

At the time of writing, the cognitive tests in common use are:

- Wechsler Intelligence Scale for Children - (WISC-III)
- Wechsler Adult Intelligence Scale - III (WAIS-III)
- Stanford-Binet Intelligence Scales.

Norm Referenced Adaptive Behaviour Assessment

A norm referenced adaptive behaviour assessment may be used where information in the AFER and a standardised intellectual assessment is not sufficient to make a recommendation of eligibility.

A norm referenced adaptive behaviour assessment should only be administered by a psychologist. It is not possible to find a person ineligible for services on the basis of an adaptive behaviour assessment alone.

The administration of a norm referenced adaptive behaviour assessment tool requires a reliable informant other than the person being assessed. The informant needs to know the person being assessed well and to be reliable in their observations and judgements when reporting the person's skills.

There may be instances where a reliable informant is not available and formal assessment of adaptive behaviour is not possible. When this occurs, the psychologist will need to draw on as much information as possible from a variety of sources and make a professional judgement about adaptive behaviour or investigate the use of other assessment procedures.

Where a norm referenced assessment of adaptive behaviour is used, a person is considered to have significant deficits in adaptive behaviour if their score falls in the bottom 2 per cent of scores for people of the same age and cultural group.

Note:

It is essential that the potential impact of cultural and linguistic differences and any transient medical or psychiatric conditions are taken into consideration when considering assessments.

At the time of writing, the most commonly used norm referenced adaptive behaviour assessment is the Vineland Adaptive Behaviour Scales.

Interpreting Previous Assessments

Where reports of previous assessments are available for the purpose of eligibility assessment, the time since the assessment was completed is an important consideration.

A re-assessment may be undertaken:

- If the person is under 18 and the psychological assessment is more than two years old.
- If the person was under the age of 18 at the time of the original assessment, but is now over the age of 18.

A re-assessment will generally not be required if the person was assessed after the age of 18. However, a number of factors, such as the length of time since the previous assessment or the actual IQ score, should be considered prior to making a decision.

Where possible, psychologists should obtain as much raw data related to the original assessment as possible.

Decide what further action is needed if eligibility status is still unclear after conducting further assessment.

DISCIS

Psychological Assessment Report

A Psychological Assessment Report should be written by a Department employed or contracted psychologist where formal assessment has been undertaken. The report should generally not be more than three pages and should not repeat the information presented in the AFER.

The Psychological Assessment Report is generated in DISCIS.

It is recommended that the results of any psychological assessments conducted by contracted psychologists be provided in a standardised report format. As with the Psychological Assessment Report, these reports should be no more than three pages in length and should not repeat all the information presented in the AFER. This will assist the Manager, Disability Client Services when making the final decision regarding the determination of eligibility.

The report must be signed by the person who completed the assessment.

In some instances, the further assessment will still not provide conclusive evidence regarding the person's eligibility or ineligibility.

Difficult decisions about eligibility will usually occur:

- Where it is inconclusive whether a person's IQ score is more than two standard deviations below the mean, that is, the band within which the person's true IQ score falls, calculated at the 95 per cent confidence level, is not clearly more than two standard deviations below the mean.

and/or

- Where it is inconclusive about a person's deficits in adaptive behaviour.

and/or

- Where there is inadequate information about developmental history.

Decide what action is needed if further assessment indicates that the person is ineligible to receive services.

Make a referral to the Region's Eligibility Reference Group.

If it is inconclusive whether a person's IQ score falls more than two standard deviations below the mean, other indicators of intellectual functioning may be taken into account in determining whether the person has significant sub-average general intellectual functioning. These other factors may include achievement at school, information contained in the adaptive skills section of the AFER, reports from other agencies.

Where an assessment is inconclusive, the case should be referred to the Region's Eligibility Reference Group (ERG) (see below).

Ineligibility

From time to time, further assessment will indicate that the person does not meet the three criteria for intellectual disability and therefore is ineligible to receive services.

When this occurs, the case should be referred to the Region's ERG for confirmation of the assessment (see below).

Each Region has an ERG to assist in the eligibility process by providing a broadbased group of staff to help determine eligibility.

The role of the ERG is to review eligibility assessments in difficult or marginal cases and make recommendations to the Manager, Disability Client Services on eligibility decisions.

Depending on Regional arrangements, the ERG may also have a role in advising Regional staff on all aspects of the eligibility assessment and decision making processes, and/or providing a forum for discussion of issues related to eligibility.

The ERG will be made up of individuals from the Region with a range of qualifications and experience in the field of intellectual disability and should include at least a senior psychologist.

The frequency of meetings of the ERG will vary according to regional arrangements, but will generally be called on an 'as needs' basis when difficult cases arise.

Generate a Declaration of Eligibility.

An additional benefit of using the ERG is that, with the different perspectives and combined expertise of its members, it makes the decision rather than an individual Disability Client Services worker.

Declaration of Eligibility

When all the necessary assessments have been completed, a recommendation is made by the Disability Client Services worker and forwarded to the Manager, Disability Client Services. The AFER, and any supporting psychological assessment reports (if relevant) should be provided.

The Manager, Disability Client Services will make the final decision in relation to the recommendation and, if the person is eligible to receive services, issue a Declaration of Eligibility. This Declaration must be issued within 14 days after the completion of the assessment.

DISCIS

The Declaration of Eligibility is generated by DISCIS.

Prepare advice of eligibility or ineligibility.

Whatever the reason for conducting an eligibility assessment or the outcome, the person must be advised in writing.

Eligible for Services

The person must be informed in writing of their eligibility to access services within 14 days of the declaration being signed.

DISCIS

The Letter Advising of Eligibility is generated by DISCIS.

If formal assessment has been undertaken, the psychologist should offer to meet with the client and discuss the outcomes of the assessment. A copy of the assessment report may be given to the person to whom it refers, if requested.

If the eligibility assessment was requested by the court, the Declaration of Eligibility may be presented to the clerk of the court and a copy given to the client.

The Psychological Assessment Report should not be provided to the court, unless subpoenaed.

DISCIS**Not Eligible for Services**

If a person does not meet the requirements for eligibility for services, a statement in writing of the reasons why they are not eligible must be provided to the person who made the request to assess eligibility, within **14 days** of completion of the assessment.

The letter **must** outline the procedure for seeking a review of the decision and identify other services that may be appropriate for them.

The Letter Advising of Ineligibility is generated by DISCIS.

When a person has been declared not eligible for services, the psychologist or relevant worker should meet with the person and discuss the outcomes of the assessment. It is imperative that this information is conveyed to the client in a manner that they can understand. Where appropriate, referrals should be made to services other than those provided under the IDPS Act.

If an assessment for eligibility was requested by the court and the person is found not eligible, the Manager, Disability Client Services should notify the court in writing. This notification should give reasons for the person's ineligibility to receive services and provide recommendations for alternate services that may be suitable for the person. This information should be sent to the Clerk of Courts.

The Psychological Assessment Report should not be presented to the court unless subpoenaed.

When a person involved in the criminal justice system is found to be not eligible for services, the Manager, Disability Client Services is not required to attend court to discuss the assessment unless subpoenaed.

Notification of a Reviewable Decision

A decision regarding eligibility is a reviewable decision under the IDPS Act. The Act specifies that any person who is aggrieved by a reviewable decision may apply for a review of that decision.

**Safely store eligibility
for assessment
information**

While Regional management will at all times endeavour to work with the person to reach a satisfactory resolution of their concerns, the person must be made aware that they are able to apply to either the Department or the IDRPs for a formal review of the decision.

Any person assessed for eligibility must be provided with formal notification of the outcome of the assessment within 14 days. This notification should include advice regarding the person's right to appeal against the decision within 30 days of the decision being made.

Disability Client Services workers should ensure that assistance is provided to the client and or their parent, guardian where required to enable them to contact the IDRPs.

All written reports provided in support of the AFER, such as the Psychological Assessment Report provided by contracted psychologists or test booklets should be placed in the 'Reports' section of the client file. Test booklets should be clearly marked 'Requires interpretation by a registered psychologist'.

Make a decision about whether to defer an assessment.

Deferral Process

A case may need to be deferred if it is believed on reasonable grounds that the assessment to be conducted will not reliably establish the person's eligibility.

The decision to defer can be made prior to the commencement of the assessment or at any time during the assessment process, but only after an Application for Assessment for Eligibility has been signed.

Deferral would be appropriate when the person's usual abilities are adversely affected and may render the result unreliable.

Some instances include:

- Substance abuse
- Acute physical condition (for example, hospitalisation due to recent physical trauma or a major acute illness)
- Severe emotional trauma (for example, death of a parent)
- Short term medication that would interfere with the applicant's usual abilities
- Acute psychiatric crisis.

Deferral may also be necessary where essential information cannot be obtained but is likely to be available by the time the three-month period elapses, for example, if an informant is overseas or interstate and cannot be contacted immediately.

Consultation

If Disability Client Services workers consider that, on the information provided, it is not possible to reliably undertake the assessment, they should consult their supervisor to determine whether it is appropriate to defer the assessment.

The Disability Client Services worker should discuss the reasons for deferral with the person making the request and the person for whom the assessment is requested, if appropriate.

Prepare advice.

The Manager, Disability Client Services should then write a letter to the person making the request and the person for whom the application is made informing them of the decision to defer the assessment (see sample letter at Appendix 3 of this chapter).

Process the deferral.

The period of deferral commences from the date the appropriate person is notified in writing.

Deferral can only be for a maximum of one three-month period. After three months, the assessment must occur and a decision regarding eligibility must be made.

If there are concerns about the validity of the assessment after the expiration of the deferral period, the assessment must still take place. However, a re-assessment could be instigated at a later time (see 'Re-assessment' for more details).

DISCIS

The deferral must be recorded in DISCIS.

Arrange interim services during the deferral period, if required.

The IDPS Act specifies that services can be accessed during the deferral period if the situation is regarded as an emergency, and it is likely that the person will be declared eligible when assessed. The Disability Client Services worker will need to discuss accessing IDPS Act funded services (such as crisis emergency placement, behaviour management, day services) during the deferral period with their manager or supervisor and obtain approval from the Manager, Disability Client Services.

Consideration must be given to the appropriateness of accessing services which may not be available on a longer term basis; for example, the worker will need to look at the impact on the person of possible withdrawal of services if the person has been receiving services from DisAbility Services or any of its funded agencies.

If it is agreed that a person be provided with interim services, they should be notified in writing that they can access specified services, such as emergency accommodation or consultation regarding behaviour intervention, during the deferral period.

The person must be informed that they will no longer be able to access services if found ineligible for services after the period of deferral.

Conduct a re-assessment on request by an individual or their parent, guardian or primary carer.

Conduct a re-assessment initiated by the Department

Re-Assessment Process

Any decision regarding whether re-assessment should be undertaken is the responsibility of the Manager, Disability Client Services.

Re-assessment may occur as a result of a request by either the client, guardian or primary carer, or by the Department.

Re-assessment may be requested where an individual has been previously assessed.

Requests should be made in writing to the Manager, Disability Client Services, outlining the reasons for the request. The request should be accompanied by a signed Application for Assessment of Eligibility form.

If the request is not endorsed, the Manager, Disability Client Services will write to both the person for whom the request is made and the person making the request, stating the reasons why re-assessment will not occur.

If the request is endorsed, the Manager, Disability Client Services will write to both the person for whom the request was made and the person making the request advising them of the decision. This will also provide information regarding who should be contacted to commence the re-assessment process (see sample letter at Appendix 4 of this chapter).

If the person is to be re-assessed, the standard process for an assessment would apply. The re-assessment would generally require standardised assessment of intelligence and possible adaptive behaviour (see Assessment Process in this chapter).

A Disability Client Services worker may consider that a person who is currently eligible to receive services should have their eligibility re-assessed because they believe the person does not satisfy the legislative requirements of intellectual disability.

It must be stressed that requesting re-assessment of a person, particularly one who is currently receiving services is a matter that requires serious consideration. Generally, a re-assessment initiated by the Department would be for a person who is not currently accessing services.

The application should only be made where there is a reasonable indication that the re-assessment would alter the person's eligibility status.

If a client is on a court order which lists the Department as having responsibility, a re-assessment should not occur until the court order expires.

The Disability Client Services worker should initially discuss their reasons for suggesting a re-assessment with their supervisor. If it is agreed that a re-assessment is appropriate, the client and/or their parent(s), guardian or carer should be verbally advised that a formal request for re-assessment will be submitted to Regional management.

Following these discussions, a written request, with supporting information, should be lodged with the Manager, Disability Client Services.

If the request is endorsed, the Manager, Disability Client Services will write to both the person for whom the request was made and the person making the request confirming that a re-assessment of the person's eligibility to access services is required (see sample letter at Appendix 5 of this chapter).

Re-assessment should take place according to the IDPS Act and follow the usual guidelines and procedures for assessment of eligibility as outlined in this manual.

If the person who is currently receiving services (or their informant) refuses to cooperate with the re-assessment, the Manager, Disability Client Services should be briefed to make a decision about withdrawal of services. If it is decided that services should be withdrawn, a review of the GSP is required.

If the person is not currently accessing services they should be informed that an eligibility assessment will be required before any further access to services is provided. Agencies such as respite facilities should be informed of this requirement.

Notify all parties of final decision following re-assessment.

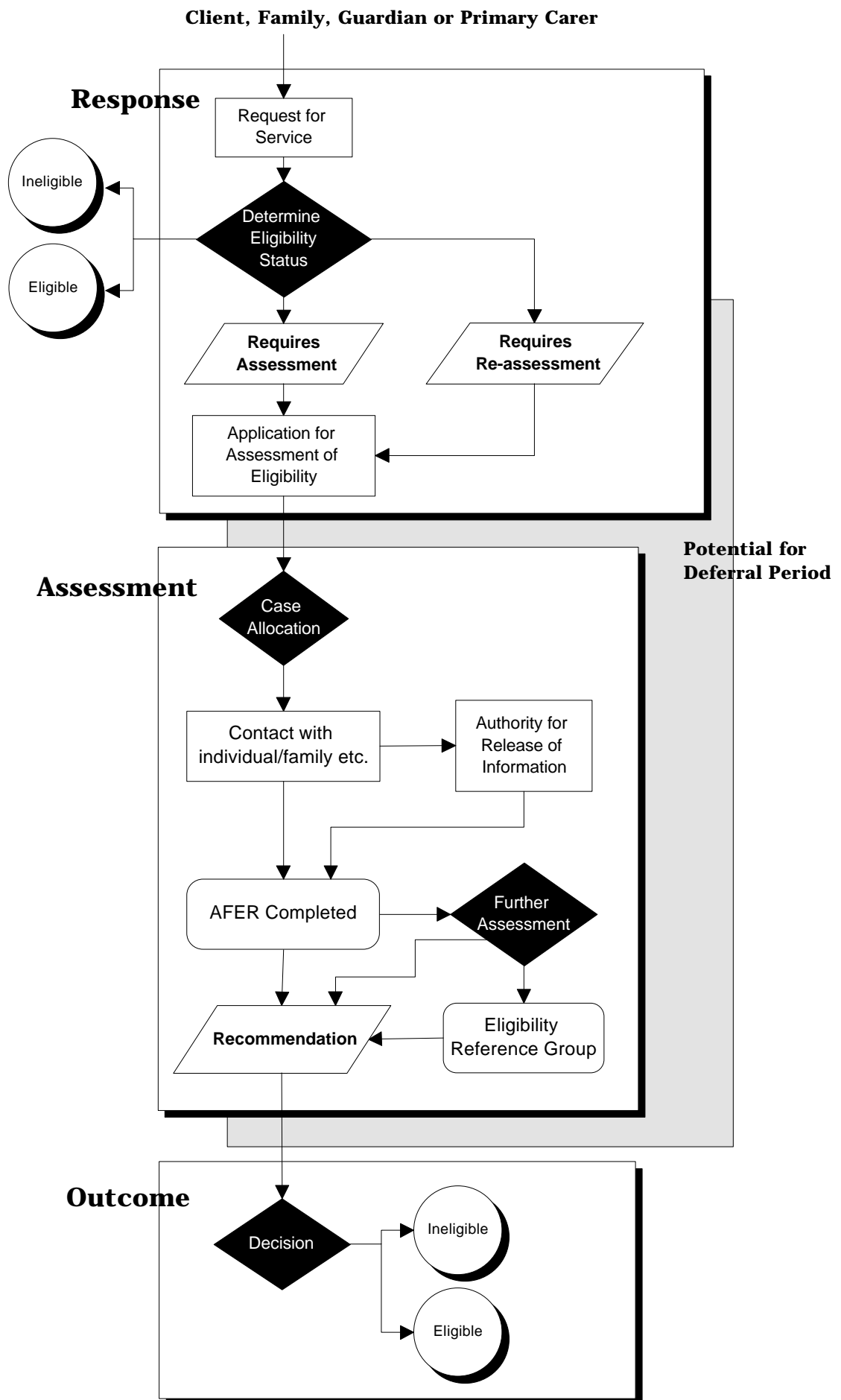
If the Manager, Disability Client Services has made the decision that the person is no longer eligible for services, they must:

- Revoke any declaration of eligibility previously issued by notifying the person in writing within 14 days that they are no longer eligible to access services.
- Inform the person of their right of appeal regarding the decision, and identify alternative services that they may be able to access. This information should also be conveyed to the person in a way that they will be able to understand.
- Notify any funded agencies and other Departmental programs currently providing services to the person, that the person is no longer eligible for services.

If the person is currently accessing services, it is the responsibility of the Manager, Disability Client Services to ensure that a transitional plan is developed to assist the person to access non-IDPS Act funded services.

If the person is found to be eligible a letter should be sent confirming the eligibility.

Figure 2: Assessment of Eligibility Process



Tips for Good AFER Completion

Follow the prompts provided by DISCIS.

Always keep in mind the purpose of the assessment—that it is to determine an individual's eligibility to receive services.

Ensure that the amount of detail and content of the AFER are appropriate to the person being assessed.

Even where the assessment is complicated and it is unclear what the outcome will be, try to be as brief as possible while ensuring that all relevant information is included.

Ensure that information is relevant. For example, medication should be included if it has an impact on the individual's behaviour whereas it is not necessary to refer to the occasional headache tablet.

Avoid reporting unnecessarily intrusive information, particularly in relation to other people in the client's life. For example, the medical condition of a family member is not relevant to a client's eligibility.

Cross-reference other documents and correspondence on file where appropriate.

If using statements such as 'it was observed that', include reference to **who** did the observing.

Be sure to clearly identify who people are, including their role or relationship - do not assume that other people reading the AFER will know who is being referred to.

The views of family members about the person being assessed must be respected as the family has had a lifetime of experience with the individual. However, take care when analysing their comments as the individual may have had limited opportunities to develop skills within the family context.

Include full name and title when referring to other professionals or service providers (eg Dr Dorothy Doctor, Anytown Medical Group).

Ensure that, where medical terms are commonly known and understood, descriptions are kept to a minimum. For example, Down Syndrome does not need further explanation.

On the other hand, if medical terms are relatively uncommon, they should be clearly explained or defined.

Avoid using abbreviations or acronyms unless they are very commonly known or have been explained in the initial entry.

Avoid using too much complicated or technical language.

Application For Assessment of Eligibility

Person for whom assessment of eligibility will be conducted.

<p>Name: <i>Rebecca Ann</i>..... <i>Client</i>..... <small>(given name(s))</small> <small>(surname)</small></p> <p>Address: ..<i>44 Street Road, Anytown Victoria</i> Postcode ... <i>9999</i>..</p>

Complete this section if the person named above is making the application on their own behalf .

<p>Please use block letters</p> <p>I, <small>(given name(s))</small> <small>(surname)</small></p> <p>of Postcode</p> <p>hereby make application to be assessed for eligibility for services under section 7 of the <i>Intellectually Disabled Persons' Services Act 1986</i>.</p> <p>Signature: Date:</p>

Complete this section if the application is being made on behalf of the person named above by a parent, guardian or primary caregiver.

<p>Please use block letters</p> <p>I, <i>Patricia</i>..... <i>Parent</i>..... <small>(given name(s))</small> <small>(surname)</small></p> <p>of <i>44 Street Road, A nytown V ictoria</i> Postcode <i>9999</i></p> <p>being the parent / guardian / primary caregiver* of the person named above, hereby make application for them to be assessed for eligibility for services under section 7 of the <i>Intellectually Disabled Persons' Services Act 1986</i>.</p> <p>Signature: <i>Patricia Parent</i> Date: <i>3/8/1999</i></p> <p>* (delete as necessary)</p>

**Authority for Release of Information to
the Department of Human Services for the
Purpose of Determining Eligibility**

Client's Name: <i>Rebecca Client</i>	Date of Birth: <i>1/1/77</i>
Address: <i>44 Street Road Anytown</i>	

I hereby authorise the Department of Human Services to obtain written or verbal information from the contacts shown below for the purposes of determining eligibility of the above named client to receive services from the Department.

Please note that this form can only be used to seek information for the purposes of determining eligibility for services. It cannot be used to authorise disclosure of information for any other purpose. Further, it does not authorise the Department to release personal information about the client, for example, to a doctor in order to seek a medical opinion.

Name: <i>Dr D Doctor</i>	Title: <i>General Practitioner</i>
Address: <i>155 High Street Anytown</i>	Telephone: <i>9888 8888</i>

Name: <i>Dr P Psychologist</i>	Title: <i>Psychologist</i>
Address: <i>333 Civic Road Anytown South</i>	Telephone: <i>9777 7777</i>

Name:	Title:
Address:	Telephone:

Name:	Title:
Address:	Telephone:

Name:	Title:
Address:	Telephone:

Name:	Title:
Address:	Telephone:

Signed: *Patricia Parent* Date: *7/10/1999*

Name: *PATRICIA PARENT* Client / Parent / ~~Guardian~~ / ~~Carer~~
(Please print) (Delete whichever is not applicable)

Note: If preferred, separate forms may be provided for each person or organisation authorised to release information.

Sample Letter Advising Deferral of Assessment of Eligibility.

1 February 2000

Ms Rebecca Client
44 Street Road
ANYTOWN VIC 9999

Dear Ms Client

I am writing to confirm that, as it is not possible to undertake a valid assessment of your eligibility to access services from the Disability Services under the Intellectually Disabled Persons' Services Act 1986, the assessment has been deferred until 1 May 2000.

A Disability Client Services staff member will contact you prior to this date to make an appointment to complete the assessment.

If services are required urgently before this date or if you have any queries, please contact John Worker on 9999 9999.

Yours sincerely

Mary Manager

Mary Manager
Manager Disability Client Services
Regional Region

Sample Letter Advising Agreement to Conduct a Re-Assessment of Eligibility.

20 August 1999

Ms Patricia Parent
44 Street Road
ANYTOWN VIC 9999

Dear Ms Parent

I am writing in response to your letter, dated 3 August 1999, in which you request re-assessment of your daughter Rebecca for eligibility to access services from Disability Services under the Intellectually Disabled Persons' Services Act 1986.

I am pleased to advise that your request has been approved.

To commence the re-assessment process, or discuss any further queries you may have, please contact the region's Disability Client Services intake service on 9999 9999 at your earliest convenience.

Yours sincerely

Mary Manager

Mary Manager
Manager Disability Client Services
Regional Region

Sample Letter Advising of the Department's Decision to Conduct a Re-Assessment of Eligibility.

20 August 1999

Ms Patricia Parent
44 Street Road
ANYTOWN VIC 9999

Dear Ms Parent

The Intellectually Disabled Persons' Services Act 1986 (IDPS Act) provides for the Department of Human Services to initiate a re-assessment of eligibility for a person where there are reasonable grounds to believe that the person will not be assessed as being intellectually disabled within the definition provided in the Act.

I am writing to confirm the verbal advice given to you by Disability Client Services staff that there is reason to believe that your daughter Rebecca does not meet the eligibility criteria and that, in order to clarify this situation, she should be re-assessed.

You will be contacted in the next few days by Disability Client Services staff member, John Worker, who will provide you with further information and to commence the re-assessment process.

Any decision that is made regarding eligibility is a *reviewable decision* under the IDPS Act. This means that you may appeal against the outcome of the re-assessment. You will be provided with more information in relation to this at the completion of the re-assessment.

If you have any queries, please contact John Worker on (03) 9999 9999.

Yours sincerely

Mary Manager

Mary Manager
Manager Disability Client Services
Regional Region

Case Allocation

The Manager, Disability Client Services or nominated officers such as Team Leaders are responsible for case allocation, which includes prioritising requests.

The information gathered when responding to enquiries is used when allocating cases.

Things To Consider

Priority Factors for Allocation

The information contained in the Intake Request for Service is important in helping the Manager, Disability Client Services or team leader assess any risk to a client's wellbeing in order to prioritise allocations to Disability Client Services workers.

Situations which may have immediate and important implications for a client's care, safety and wellbeing, or serious consequences for the client or the community, include:

- Family breakdown
 - Acute homelessness
 - Criminal justice system involvement
 - Challenging behaviour
 - Skills loss causing major life restrictions
 - Risk of institutionalisation
 - Current communication method requires the active involvement of a communication assistant
 - Ageing parents
 - Impending move to or from a Disability Services supported accommodation facility
 - Vocational placement breakdown
 - Life change points
 - Life threatening illness
- or
- Protective issues.

The Manager, Disability Client Services or team leader should determine the priority of each request and decide if the case should be allocated immediately and to which worker.

A case may not be allocated immediately.

This decision will take into consideration:

- The nature of the request for service
- The skills and experience of the staff available
and
- Existing staff workload.

Possible Responses

The Manager, Disability Client Services or team leader is responsible for determining the service response to the request for services. There are three possible responses:

- Allocating the case.
- Placement on a waiting list (awaiting allocation).
- Contracting the case.

Where a client is involved in the criminal justice system, the case will be allocated to an experienced worker.

Clients Involved in the Criminal Justice System

Generally, if a client is involved in the criminal justice system, the allocated worker will have:

- Undertaken staff training around the criminal justice system provided by the DisAbility Services Training Unit
and
- At least two years of case work experience.

A client who has Justice Plan conditions must be allocated to a worker for the duration of the Justice Plan. Clients accessing the Statewide Forensic Service must be allocated to a worker for the duration of their involvement.

Where two clients are involved in the one incident, for example, one client as the victim and the other the accused offender, a different worker must be allocated for each client.

Some referrals may not be allocated immediately.

Awaiting Allocation

Referrals that cannot be allocated immediately to a worker will need to be placed on a waiting list (awaiting allocation). Where there are long waiting lists, the length of time the case is awaiting allocation warrants attention. When a case is likely to be on the waiting list for more than six weeks, the nature of Disability Client Services involvement requires clarification.

Responsibility for a case is transferred when a client moves to another Region.

DISCIS

Linking the person/client, guardian and/or primary carer with other agencies or monitoring the situation by way of regular intake appointments are two possible options. The Manager Disability Client Services or team leader is responsible for monitoring the waiting list.

A further letter of acknowledgment should be sent to all persons/clients who have been on the waiting list for more than six weeks. This process should be repeated every six weeks until the case has been allocated.

This letter is generated in DISCIS and is run as a Microsoft Word document.

Case Transfers

When a client changes their residential address to another Region, responsibility for the provision of services is transferred from one Region to another.

The timing of the transfer will depend on the circumstances of the case. For example, if the client requires continuous case management, the case should be transferred as soon as practicable. Alternatively, if it is unclear how long the client will reside in the new Region, it is good practice to wait up to three months before making the transfer.

It is good practice to inform the new Region as soon as it is known that a client or their family is intending to move to that Region. This advice should include a comprehensive case summary and any relevant notifications where appropriate.

Transfer does not occur when the worker allocated to the case leaves—it is simply re-allocated.

Case responsibility is **not** to be transferred within four weeks of a request for the preparation of a Justice Plan report, or of a court appearance.

Where clients are moving into specialist or statewide services, Disability Client Services workers will need to refer to the admission guidelines specific to the service for information regarding transfer of responsibility.

Where a client transfers permanently to a training centre, responsibility for the provision of services is generally transferred to the relevant unit manager.

For More Information

- See the Criminal Justice Practice Manual for information regarding case management responsibilities for clients in correctional facilities.

With the exception of the situations above, the referring Region will have no further case responsibility. The receiving Region will be responsible for case allocation.

In some instances, resources will also need to be transferred to the new Region. The terms of the resources transfer will either be specified in the applicable guidelines or will be negotiated between the two Regions at a senior level.

Given the impact on both staff and financial resources, negotiations between Regions regarding case transfers would normally be held at the Manager, Disability Client Services or team leader level.

Transient or Unsettled Clients

If a client is transient or moves frequently between two or more Regions, the following factors should be considered in determining which Region should maintain case responsibility:

- The Region to which the client frequently returns.
- The location of significant family members.
- and
- The preference of the client.

Managers of Disability Client Services or team leaders of the Regions concerned must discuss these factors and negotiate who will maintain case responsibility.

The agreement reached should be flexible and take account of the best interests of the client. However, as a minimum, agreement should include identifying one Region as having primary case management responsibility and secondary or key contacts in the other(s).

Transfers in relation to transient or unsettled clients need to be negotiated.

A number of tasks must be completed if a client is already receiving case management services.

Intra-Region Transfers

When a client changes residence within the Region, the Manager Disability Client Services or team leader should decide whether case management responsibility should be transferred within the Region. For example, if a client moves from Bendigo to Mildura, it may be appropriate to transfer responsibility to a Mildura based worker. Intra-Region transfers should not be recorded as a new intake request for a Region.

Clients Receiving Case Management

If the client is receiving case management services prior to transfer, the allocated worker must:

- Inform their supervisor that the case is being transferred.
- Ensure that the ANOR, including any known risk factors, and GSP reflect the client's current situation.
- Contact the receiving Region's inquiry/response worker by phone to inform them that transfer will occur.
- Ensure that formal communication occurs between the Managers, Disability Client Services or team leaders of the two Regions.
- Update the client's file.
- Update DISCIS.
- Provide the client with details of the receiving Region, such as the address and phone number.
- Complete the Transfer Case Note in DISCIS.
- Alert the receiving Region to any risk factors associated with the client.

Note:

The Department's records management system, RECWIN, is automatically updated on completion of this process.

Additional tasks may be necessary when a client on a supervision order is transferring Regions. Outside agencies such as Community Correctional Services and the courts may need to be notified.

The Justice Plan may need to be reviewed and appropriate action taken. Receiving Regions must be fully aware of the conditions of the order and plan.

If a client is on an order which has special conditions such as a Justice Plan, the Region must continue to maintain case management until a worker is allocated from the new Region. In this situation, the new Region should allocate the case as a matter of priority.

Transfer of Clients Awaiting Allocation

For clients awaiting allocation, the team leader must ensure that:

- The receiving Region's inquiry/response worker has been contacted by phone and informed that transfer will occur and the date of transfer.
- Formal communication occurs between the Managers Disability Client Services or team leaders of the two Regions.
- The client file has been updated.
- DISCIS has been updated.
- The client has been provided with details of the receiving Region, such as the address and phone number.
- The Transfer Case Note in DISCIS is completed.

Note:

The Department's records management system, RECWIN, is automatically updated on completion of this process.

Transfer for Clients Not Receiving Services

A client or guardian who is moving to a different Region may request that their file be transferred. Prior to transfer, the Disability Client Services worker must:

- Contact the receiving Region's inquiry/response worker by phone to inform them that transfer will occur.
- Update the client file.
- Update DISCIS.
- Provide the client with details of the receiving Region, such as the address and phone number (where appropriate).
- Complete the Transfer Case Note in DISCIS.

Note:

The Department's records management system, RECWIN, is automatically updated on completion of this process.

Assessment of Needs

The purpose of conducting an assessment of needs is to determine clients' needs in a wide range of life areas so that appropriate planning can occur. It is very difficult to know what services a person may require if their needs have not been assessed.

The assessment of needs forms the basis for developing the General Service Plan for each client.

Every client who has been assessed as eligible to receive services under the IDPS Act, must have an assessment of needs and a plan developed prior to accessing any services provided (or funded) by DisAbility Services.

The assessment should be reviewed and revised where appropriate to ensure that planning remains relevant to needs.

The assessment of needs process should be comprehensive.

The assessment of needs process should be collaborative.

Things To Consider

A Comprehensive Process

The assessment of needs process should take a holistic view of the client and should cover a wide variety of life areas where a client may require support or intervention. The assessment should identify the client's current needs, relevant history, their strengths and weaknesses in specific areas, the type of support and/or intervention required, and supports already available to the client.

A Collaborative Process

The Disability Client Services worker will need to work collaboratively with the client, their family, guardian, primary carer and significant other (where applicable) to identify the needs of the client or their family or primary carer.

Where possible, the Disability Client Services worker should spend some time 'getting to know' the client and the family and the client's needs prior to completing the assessment. This will also assist in gaining the trust of the family so that they feel comfortable about divulging necessary information.

Disability Client Services workers should discuss this approach with their supervisor, particularly as it has the potential to impact on timelines.

All recommendations arising from the assessment of needs process must be agreed to by the client and/or family or guardian.

Where there is disagreement or the Disability Client Services worker has any concerns that risk issues are not being addressed, they should consult with their supervisor to determine appropriate action.

This will vary in each case, but may best be achieved through having a meeting with all parties, including other Departmental program representatives (for example Protective Services) where appropriate.

Obtaining Information

As with the process of eligibility assessment, the Disability Client Services worker may need to obtain information from sources other than the client, their family and significant other(s). This may include agencies related to specific needs, such as Mental Health Services or Protective Services.

The Disability Client Services worker should first obtain the consent of the client or their guardian before seeking information from people or organisations other than the client, their family or significant other(s).

This should be provided on an Authority for Release of Information to the Department of Human Services for Assessment of Needs form.

Note:

The form makes provision for a number of persons or agencies to be listed. However, in some circumstances, the client or guardian or primary carer may prefer to list each person or agency on a separate form to further protect the client's confidentiality.

Completing the AONR

The formal assessment process requires the Disability Services worker to complete an AONR.

DISCIS provides workers with prompts for information. Disability Client Services workers need to ensure that the information is of high quality.

For More Information

- See 'Tips for Good AONR Completion' as a guide to the quality of information required.

Other people or agencies may need to be consulted to obtain the required information.

Authorisation for the release of information about the individual to the Department must be obtained.

All assessments of needs must be compiled on an Assessment Of Needs Report.

The assessment of needs may identify that further detailed assessments are required.

Further Assessment

Detailed assessment may be required in areas such as communication, human relations or financial management. These assessments may need to be referred or contracted to specialists in the relevant field.

Make the initial contact.

The Assessment of Needs Process

The assessment of needs process should begin with an initial contact with the individual and their parent, guardian or primary carer.

Meeting

It is essential that the Disability Client Services worker who is undertaking the assessment meets with the individual being assessed. It is good practice that the initial contact occurs within five working days of the case being allocated.

Location

Where possible, and if everyone is agreeable, the initial contact should occur in the client, family or primary carer's home where they are more likely to be relaxed and comfortable. If there are any concerns, such as tensions within the family or potential risk to staff an alternative 'neutral' venue should be used.

Language and Culture

Where language and/or cultural factors may impact on the assessment, the Disability Client Services worker may need to obtain assistance from a relevant culture-specific organisation or interpreter/translation service to identify and develop strategies for conducting the assessment in a manner which will be most appropriate for the client and their family. This should occur prior to the initial contact.

For More Information

- See chapter on Language and Culture.

Obtain other relevant information.

Privacy and Confidentiality

In line with Departmental privacy and confidentiality provisions, the Disability Client Services worker must advise the individual and their parent, guardian or primary carer what will happen with information gathered throughout the assessment process.

For More Information

- See Confidentiality and Privacy chapter.

Obtaining Information

The individual and their parent, guardian or primary carer should be advised that information may also need to be obtained from other sources, such as doctors or psychologists. If this is anticipated, the individual and their parent, guardian or primary carer should be requested to sign an 'Authority for Release of Information to the Department for the Purpose of Determining Needs'.

The information gathered during the initial contact, any follow-up meetings or telephone calls or information obtained from other sources will be collated into an AONR.

During the initial discussions with the individual and their parent(s), guardian or carer it may be established that the individual has previously undergone tests or assessments which may be relevant to the current assessment process.

In this situation the Disability Client Services worker should request copies of these if they are in the family's possession or the name of the relevant professional to contact.

The Disability Client Services worker must ensure that the client, parent or guardian has provided their consent before requesting the documents from other relevant professionals. In some instances the consent may be provided verbally. However, if it is believed that information is sensitive or that the professional may be bound by confidentiality provisions, consent should be provided in writing.

Once the information is received it is useful to go through it with the client or their parent(s) or guardian to ensure that it is correct and up-to-date.

Compile the Assessment Of Needs Report

DISCIS

To make this process simple for clients or their guardians an Authority for Release of Information to the Department of Human Services for Assessment of Needs has been developed (see sample at Appendix 1 to this chapter).

The AONR is the report format used by Disability Client Services to outline the client’s current situation and clearly identify needs.

The information contained in the AONR, plus any other reports obtained, will be used in making decisions regarding planning for services and the goals to be achieved for the client.

The AONR is generated by DISCIS and is run as a Microsoft Word document.

When the AONR is generated, the document will already contain data from DISCIS, such as client, guardian or administrator details. This is known as ‘autopopulating’.

The remainder of the information to be included in the document must be entered by the worker conducting the assessment.

Staff need to ensure that the information they enter into the document is factual, accurate and up-to-date at the time making the entry.

To assist staff with this, the AONR document displays ‘macro prompts’ at all steps throughout the document which provide guidance as to the information which is required in each section.

The AONR is divided into six main sections:

- Section One - Personal Information
- Section Two - Background Information
- Section Three - Current Adaptive Living Skills
- Section Four - Areas of Need Checklist
- Section Five - Assessment of Needs Areas
- Section Six - Summary and Recommendations

Summarise and make recommendations arising from the AONR.

After completing all details in the AONR, DISCIS will provide prompts to summarise the report and make recommendations.

Provide copies of the AONR to the client/family.

Summary

This section should summarise the relevant background and issues related to areas of need. It should include a summary of the perceptions of the client's needs and preferred interventions expressed by the client, family or guardian. The Disability Client Services worker should include an analysis of the appropriateness of the preferred interventions proposed.

The summary should also document needs that all parties have agreed cannot be met or those that the client, family or guardian do not want to address.

Recommendations

The recommendations should be listed in point form and should include:

- Interventions and support strategies required to meet the client's needs.
- The client's ability to meet his or her own needs.
- The urgency of the situation.
- Referrals to other services.
- An indication of areas in which the client requires further, more detailed, assessment (for example, human relations).

Copies of the AONR may be given to the client or the parent, guardian or carer involved in its development where appropriate.

Staff should discuss the issue of providing copies to clients or parent, guardian or carer with their supervisor prior to taking any action.

Tips for Good AONR Completion

Follow the prompts provided by DISCIS.

Always keep in mind the purpose of the assessment—that it is to determine what are the individual's needs.

Ensure that the amount of detail and content of the AONR are appropriate to the person being assessed.

Take care to ensure that all relevant life areas are covered by the assessment.

Consider the needs of other family members if this will address the situation for the person being assessed.

Ensure that information is relevant. For example,

Cross-reference other documents and correspondence on file where appropriate.

Be sure to clearly identify who people are, including their role or relationship - do not assume that other people reading the AONR will know who is being referred to.

The views of family members about the person being assessed must be respected as the family has had a lifetime of experience with the individual. However, take care when analysing their comments as the individual may have had limited opportunities to develop skills within the family context.

Include full name and title when referring to other professionals or service providers (eg Dr Dorothy Doctor, Anytown Medical Group).

Avoid using abbreviations or acronyms unless they are very commonly known or have been explained in the initial entry.

Avoid using too much complicated or technical language.

**Authority for Release of Information to
the Department of Human Services for
Assessment of Needs**

Client's Name:	Rebecca Client	Date of Birth:	1/1/77
Address:	44 Street Road A nytown		

I hereby authorise the Department of Human Services to obtain written or verbal information from the contacts shown below for the purposes of determining the needs of the above named client to enable appropriate services to be planned by the Department.

Please note that this form can only be used to seek information for the purposes of determining needs. It cannot be used to authorise disclosure of information for any other purpose. Further, it does not authorise the Department to release personal information about the client, for example, to a doctor in order to seek a medical opinion.

Name:	Dr D Doctor	Title:	General Practitioner
Address:	155 High Street A nytown	Telephone:	98888888

Name:	Dr P Psychologist	Title:	Psychologist
Address:	333 Civic Road A nytown South	Telephone:	9777 7777

Name:	Title:
Address:	Telephone:

Name:	Title:
Address:	Telephone:

Name:	Title:
Address:	Telephone:

Name:	Title:
Address:	Telephone:

Signed: **Patricia Parent** Date: **3/3/2000**
 PA T R I C I A P A R E N T

Name: **Client / Parent / ~~Guardian~~ / ~~Carer~~**
 (Please print) (Delete whichever is not applicable)

Note: If preferred, separate forms may be provided for each person or organisation authorised to release information.

Planning for Services

All interventions with clients whether short or long term must be conducted in the context of a thorough plan. The plan must be based on a comprehensive assessment. In DisAbility Client Services (DCS) the format for the assessment is specified by policy and is the Assessment of Needs Report (AONR). The case plan is the General Service Plan (GSP) which is specified in legislation.

While requirements for assessment and planning are specified in policy and legislation, all professional interventions regardless of service type should be based on a thorough assessment and plan. This will ensure a person receives the most appropriate support and the service responses they require. Therefore, regardless of legislative specification, good practice would always have as a basis a comprehensive assessment and plan.

The formats for assessment and planning are outlined in policy to facilitate consistency across individual disciplines and a baseline for practice across regions. While there is a specification regarding format, it is an expectation that workers will bring to the assessment and planning process their professional skills to ensure the most appropriate plan is developed for a person.

Legislation

For DCS the General Service Plan (GSP) is the means specified in legislation for case planning. The legislation specifies formal review requirements and that the case plan is a reviewable decision. There is also a requirement that a case plan is developed for people attending services provided or funded by DisAbility Services.

Otherwise, the legislation merely outlines that a GSP is:

..a comprehensive plan prepared for an eligible person which specifies the areas of major life activity in which support is required and the strategies to be implemented to provide that support

and that the plan should be prepared:

...within a reasonable time of being requested.

It should be noted that the legislation does **not** prescribe:

- the format of the GSP *or* the life areas to be addressed;
- that strategies must relate to service provision;
- that only services provided by DisAbility Services can be in the GSP; or
- that only DCS staff can be responsible for implementation of components of the plan.

Format

While the format of the GSP is not prescribed by legislation it is set down in policy and this is reflected by the format being available on DISCIS. The format is a standard planning format which focuses on the major areas of life activity, goals and strategies to meet the goals.

The recommendations of the assessment (AONR) will identify the support needs of an individual in the specific areas of life activity. The development of the plan should reflect these areas. It should be noted that the recommendations in the AONR are not the plan. These recommendations are the worker's analysis of what is required by the client / family / caregiver. The plan itself is developed with the client, family / caregiver and other relevant support / service providers. The plan should be a shared and preferably consensual document (refer: General Service Plan Process).

The specific areas of life activity are linked directly to the 'Areas of Need' identified in the person's AONR. It should be noted that not all individuals will require planning in each life area. The sorts of issues which may be addressed in each life area may include for example:

It should be noted that the issues addressed in each life area are merely examples and by no means exhaustive and that other life areas must **not** be added by workers.

Living Situation

- Places to live – now and future
- Support required by the client / family / caregiver
- Skills the client may require to live in the place of their choice

Education

- Educational needs
- Learning and development
- Support / assistance received / required to meet these needs

- Transitional issues-primary school to secondary school etc

Vocational

- Employment options- open, supported, sheltered
- Vocational training
- Pre-vocational training
- Support / assistance to access

Leisure

- Group and individual
- Structured and unstructured

Community Access

- Factors which inhibit access to the community
- Transport
- Support / assistance required to access community

Health

- General health
- Mental health
- Dental
- Diet and nutritional issues
- Drug and alcohol issues

Finance

- Management of finance
- Administration
- Budgeting

Family Support

- Support the family receives / requires / may need in the future
- Access to generic / specialist services

Communication

- Communication issues
- Communication assessment / program

Advocacy and Personal Support

- Ability to advocate on own behalf
- Ability to provide informed consent / need for guardian
- Supports available / required by the client
- Supports required by a parent with an intellectual disability

Human Relations

- Body awareness and hygiene
- Protective behaviours
- Socially acceptable behaviour
- Relationships
- Sexuality and sexual health

Behaviour Management

- Behaviour management programs
- Anger management
- Problem solving
- Support / assistance to client / family / caregiver

Justice

- Orders, conditions
- Specific justice related programs
- Support/ assistance in relation to offending behaviours

Fire Safety

- Education programs
- Issues related to fire safety.

Advocacy and Personal Support has been used in the past to address issues which do not fit easily into a single life area but impact on a range of life areas; specifically JUSTICE, HUMAN RELATIONS and BEHAVIOUR MANAGEMENT issues. In most circumstances it would be more appropriate to address these areas within the GSP format as separate life areas.

Structure

For each area identified through the assessment as an area of need the GSP then addresses:

1. Current Situation

The current situation should reflect what the person's current situation is in relation to each identified area of need. This would include the formal and informal supports currently available to the person in each area. The current situation should be succinct and should not include the level of detail that would be available in the assessment report. However, it should be clear from reading the current situation why particular goals were formulated.

Below is an example of the type of considerations which could be covered in the current situation related to 'Living Situation':

Living Situation

- Where is the client currently residing?
- What sort of support is available to the client in their current living situation?
- Where does the client want to reside?
- What sorts of things would need to occur for this to happen?
- If current situation is to be maintained, what would need to occur for this to happen?
- What does the person / caregiver want to happen in this area? (Long-term / short term)
- What sorts of supports does the person / caregiver think they require?
- What other issues impact on the client's living situation?

2. Goals

Goals may be short and /or long term, should be realistic and achievable, and clearly identify the plan for each person. In situations where there are long and short term goals, it is appropriate to identify them as such. The goals must be linked to the current situation.

The goals do not have to be linked to the provision of services or the responsibility of service providers. The person may have a goal that can be achieved by personal support rather than by service provision.

The difference between a goal and a strategy appears to create confusion. A goal is the *outcome*, a strategy is the *action* required to achieve the outcome: for example, a goal cannot be to 'place a person's name on the service needs register', as this is an action. The goal in this situation may have been for the

person to reside in a supported accommodation facility, one strategy may have been to place the person's name on the SNR.

There may be more than one goal developed for a particular area. For some life areas there will be a range of goals to meet the person's needs. The sorts of issues which could be considered when formulating goals may include:

- What is the long-term goal(s) for the client in X life area?
- What is the short-term goal(s) / interim option for the client?
- For long / short term goals what sorts of supports would the client require?
- What sort of skills would the client need to develop to meet the long / short term goals?
- Are the goals achievable?
- Are the goals realistic?
- Do the goals relate to the current situation?
- Is it clear that strategies can be linked to the goals?

Below are examples of the types of goals that may be appropriate for some life areas:

Living Situation

Long-term

- For John to reside in supported accommodation suitable to his needs.

Short-term

- For John to continue to reside at home with support while other accommodation options are explored.

Health

Long-term

- For Jane to independently manage her epilepsy.

Short-term

- For Jane's epilepsy to be stabilised.

3. Strategies

The strategies should be directly linked to the goals and should identify how a goal will be achieved. Strategies should be the actions which will be

undertaken to meet the goals. The strategies should ensure the goals are achievable within the life of the plan. The strategies may not necessarily be directly related to the provision of services but could relate to informal supports provided to a person to meet a goal.

The sorts of issues which should be considered when formulating strategies include:

- Is the strategy directly related to the goal?
- What sort of support / assistance is required by the person / family / caregiver to meet the goal?
- Are the strategies able to be implemented?
- Is the strategy realistic?
- Is the strategy achievable?
- Will implementation of the strategies lead to the goals being met?

Below are examples of the types of strategies that may be appropriate to meet the stated goal in some life areas:

Vocation

Goal: For Bill's day placement to be maintained by providing support to the 'X' ATSS in managing Bill's behaviours.

Strategies:

- To investigate behaviour management options for Bill at the ATSS.
- To support the implementation of behaviour management strategies.
- To liaise with the Program Director at the ATSS on a regular basis, regarding the implementation of behaviour strategies.

Family Support

Goal: For Mr and Mrs Person to receive in-home support in caring for Sue.

Strategies

- To investigate supports available and determine with Mr and Mrs Person the support which will best meet their needs.
- To complete funding applications as required.
- To liaise with service provider regarding the implementation of supports to ensure they are meeting Mr and Mrs Person's needs.

4. Persons Responsible

The section 'Persons Responsible' relates to the implementation of the strategies. It should be clear who is responsible for each specific strategy. The person or persons responsible may be the client, guardian, caregiver, friend, advocate, service provider or departmental staff.

The people involved in developing the plan should determine who is responsible for implementation. If the person responsible is not a departmental worker the person must have consented to be responsible for implementation of the strategy.

When the person responsible is a departmental worker or service provider, a position title should be specified rather than an individual's name.

In some situations DCS will have limited responsibility for the implementation of the plan. In these situations, there may be case closure when all identified goals have been met to a point where no further action is required from DCS and no other needs have been identified. This will occur particularly in situations where ongoing case management is to be undertaken by a non- government service provider and DCS will consequently have limited responsibility for the implementation and monitoring of the plan.

Frequently Raised Issues

The following section addresses common misconceptions regarding case planning within DisAbility Client Services.

The GSP must occur because it is a legislative requirement

The GSP is a legislative requirement and as stated on p.1, the legislation creates some restrictions around its use such as review requirements. However, regardless of legislation, good practice is always based on a thorough assessment and case plan.

The GSP must occur because it is a DISCIS requirement

DISCIS was developed to support case practice. As such, prompts were added to DISCIS to ensure that workers undertook a case plan after commencing work with a person.

The format of the GSP is difficult to utilise

The GSP format has minimal information and is constructed in a table to increase readability. Many of the problems identified by workers with the

format relate to issues with working in tables on DISCIS. Workers having problems with the GSP format should discuss with their supervisor opportunities for computer skills training.

Once a person is determined as eligible it is appropriate to commence interventions without an assessment

In some situations it may seem possible to readily identify a person's needs without assessment and planning, however an assessment should always be conducted to ensure the most appropriate and effective support and service responses are provided.

A GSP should not be developed for a client who is in a crisis situation

In crisis situations, some service provision may need to occur prior to assessment and planning; for example emergency accommodation may need to be provided. In these situations assessment and planning should still occur as soon as possible following the immediate crisis being managed.

For clients in crisis it is more appropriate to look at a short-term plan with a short time-line for review. A longer-term plan should then be formulated when the client's situation is more stable and longer-term issues are able to be addressed.

A GSP should be developed within three months of a worker being allocated

As discussed above, it may be appropriate that the initial GSP only contain short-term goals. The GSP should occur as soon as possible following allocation.

The recommendations in the AONR are in effect the case plan so it is not necessary to do a GSP

The recommendations of the AONR should guide and help inform the planning process. However, the recommendations may not eventually form part of the plan; for example, the assessment may indicate that a family may benefit from respite but at this stage the family does not want to consider this in the plan.

The other crucial difference is that the GSP is always available to participants whereas the AONR is only provided to the client / family / carer where appropriate. That is, the GSP is a shared document whereas the AONR is often only an internal departmental document. While, a worker may have a clear plan in their mind regarding the supports or services a person requires following the completion of the AONR, it is crucial that the planning process

involves the client and significant others. The recommendations of the AONR should, however, guide the planning process.

A GSP has to be a large and complex document to be a good GSP

Not necessarily. A good GSP will identify the areas in which a person requires support and appropriate strategies to receive this support. The plan should be easily understood by all people involved and tailored to the specific needs of the person, by consideration of their skills, supports and circumstances. Some people may require support in a limited number of areas so the plan does not need to be a lengthy document to be a good plan.

GSPs must be sent out in draft in case somebody appeals

Workers should make a decision based upon circumstances. If the GSP is contentious or the worker is not sure that it accurately reflects the decisions made, then it may be appropriate for the GSP to be sent in draft form for comment or confirmation of the goals and strategies by participants in the development of the plan. Usually, it will not be necessary to send out draft GSPs as this can potentially delay the implementation process.

It often takes time to develop rapport with a person so the GSP shouldn't be developed for several months

The assessment and plan should occur as soon as possible following allocation. During the process of working with a client their needs may change / through the professional relationship which is developed further information may be available which affects the content of the original assessment or plan. In these circumstances a GSP review should occur.

A GSP is a final document / the GSP is not a flexible document and does not respond to changes in a person's circumstances

While the GSP is a final document, there is an expectation that this document will be reviewed and changed as a person's needs change over time. Workers must respond to changes by re-assessing, reviewing the original plan and revising to reflect new information and new needs which arise or were not evident during the original assessment.

Families are concerned that the GSP is available to too many people and are therefore reluctant for information to be included

The GSP should only be available to people who have participated in the development of the plan. If a family has concerns about a service provider knowing about a particular issue; for example, issues in the family home, the service provider need only attend parts of the GSP meeting relevant to them.

Additionally, the service provider does not need to receive a copy of the entire GSP document but only those areas applicable to them.

Families are often only willing to look at presenting issues even though other areas of need have been identified by the assessment

As discussed above, some times it is necessary to develop a GSP with short term goals which deal with the presenting issues. Through working with the family and by using the worker's professional skills underlying / long term issues may be addressed through a GSP review.

Five year review dates should always be set / DISCIS automatically brings up a five year review date

DISCIS does not automatically set a five year review date. It is not appropriate to set a five year review date for an active case. In some circumstances it may be appropriate for a five year review date to be set when closing a case. In determining a review date consultation should occur with the client and family, and factors such as the age of the person, foreseeable issues and life stage should be taken into consideration.

All funded services must attend the GSP/ GSP review

It is not mandatory that representatives from funded services attend the GSP/ GSP review although in most circumstances it would be appropriate and would ensure better coordination and outcomes for the person. Participants at the GSP/ GSP review should be determined in consultation with the client /family / caregiver and be those people / service providers most applicable to the areas of need.

The life area 'Family Support' refers to what the family does to support the person

Family support addresses the supports / assistance which is provided to /or required by **the family** in caring for the person with a disability.

A client cannot be responsible for an area of a GSP

It is appropriate that a client is responsible for strategies in the GSP. This should occur where it is identified that a client is able to follow up specific areas. Support / encouragement that the person may require to do this should also be noted on the GSP. Listing a client as responsible, when done appropriately, does not mean that the worker is not taking responsibility but is a positive way to encourage a person's independence and participation in the implementation of the plan.

GSPs can be done retrospectively

It is poor practice and a waste of time developing a retrospective plan. A retrospective plan gives a client /family /caregiver no indication of the plan for the person or capacity to participate in its formulation.

GSPs are a waste of time

Case plans are not a waste of time but are developed to ensure focussed and coordinated interventions with individuals. GSPs are a meaningful document when developed from a comprehensive assessment, prior to service provision and reviewed as appropriate to meet the changing needs and circumstances of a person. A GSP should provide a clear plan to all people involved with a person regarding the goals, the strategies to be undertaken to achieve the goals and the roles of different individuals in implementing the plan.

Date of Decision

The date the GSP is **sent** is the applicable date in relation to a reviewable decision.

Prepare the GSP

The General Service Plan (GSP) Process

The GSP should be prepared as soon as possible after the AONR has been signed off by the Manager, Disability Client Services or team leader.

Consultation

A GSP must be prepared taking into account the wishes of the client, wherever possible, and in consultation with the guardian or primary carer and, if relevant, significant others such as family members.

The only exception to this is where the primary carer is not the client's guardian or next of kin and the client has indicated that they do not want them to be involved in developing the GSP.

Interpreters

Occasionally, people involved in developing the GSP may need help communicating. For example, an interpreter may be required if the person's primary language is other than English or if they use sign language. The worker should arrange for support workers such as interpreters to attend the meeting if required.

Consensus

The worker should ensure that the client and all parties involved in developing the GSP are clear about the goals and strategies outlined.

At times there may be a lack of consensus regarding the setting of goals in the GSP. In these situations, the worker, after attempting to gain consensus, should determine in conjunction with their supervisor the most appropriate option and document this in the GSP.

Meet with the client and their parent or guardian.

The worker and their supervisor should discuss the most appropriate option for conducting the GSP meeting. The option chosen should be the least intrusive while still meeting the requirements of the situation.

These options include:

- An extension of the assessment of needs meeting process.
- An informal meeting
- A formal meeting.

Extension of the Assessment Meeting

The worker may identify that it is possible to complete the GSP at the initial meeting with the client, guardian/next of kin and/or primary carer at which the AONR is completed. If a GSP is developed at this meeting, the worker must inform their supervisor and note it on the AONR. The supervisor will ratify the GSP prior to a copy being sent out.

This option should be considered when there are up to three straightforward needs identified, such as placement on the Service Needs Register or access to respite care.

Informal Meetings

After completing the AONR, the worker and their supervisor may identify that the GSP could be conducted through an informal meeting either at the client's home or at the Department office. Generally, core attendance consists of the worker, the client, guardian and/or primary carer.

Formal Meetings

Formal meetings should generally only be arranged when complex or contentious issues are identified or they are the express wish of the client at the assessment of needs stage. Generally, core attendance consists of the chairperson, the worker, the client, guardian/next of kin and/or primary carer.

Other people should be included only if they are able to assist in developing the GSP. The formal meeting should be chaired by a senior person (such as a Manager, Disability Client Services or team leader).

Detailed notes of the meeting should be taken.

Prior to the meeting, the worker and their supervisor may decide to prepare a draft plan which can be used as the basis for discussion.

Complete the GSP

DISCIS

The worker and their supervisor should determine, in consultation with the client, guardian and/or primary carer, who should attend the meeting bearing in mind that the meeting can involve discussion of sensitive matters.

Meeting attendance can also be flexible. For example, the client might attend one part of the meeting and other relevant people attend another part.

When meeting with clients, families or guardians, the Disability Client Services worker will generally need to take handwritten notes. As soon as possible after the meeting(s) the note should be transferred onto the GSP computer macro as part of DISCIS.

Once the GSP is compiled, the Disability Client Services workers must send copies of **relevant** sections to all parties involved in its development (including those present at the meeting(s) or consulted as part of the process) plus any organisations represented at the meetings who will be delivering services to the client.

The GSP must be sent out with a letter which provides the parties with information including:

- The date by which any comments or changes should be lodged.
- That the GSP is a reviewable decision.
- When the GSP is scheduled for review.

DISCIS

A pro-forma of this letter is generated by DISCIS

Implementing the GSP

Implementation is the stage of the service delivery system where the goals and strategies outlined in the GSP are put into action. The implementation should begin as soon as possible after the GSP has been completed.

The Disability Client Services worker should discuss the ways of implementing the goals and strategies of the GSP with their supervisor.

Implementation may involve a range of tasks.

Things To Consider

Plan for Implementation

The Disability Client Services worker should document an implementation plan which includes tasks and timelines. The tasks will vary from case to case and can include:

Providing Information

The client, guardian and/or primary carer may require information about relevant services or benefits available to the client within the community. This may include information about services at their local council or community health centres or entitlements from the Department of Social Security (Centrelink).

Assisting a Client To Access Services

The client, guardian and/or primary carer may require support to *initially* access services that have been identified. This may include the worker negotiating for service access.

Completing Referrals

The client may require a referral to enable them to access a program or facility. For example, placement on the Service Needs Register or a BIST referral.

Arranging Visits

The client guardian and/or primary carer may require assistance in arranging visits to facilities such as ATSSs or respite facilities.

Liaising with Other Agencies

The Disability Client Services worker may need to liaise with other service providers about the needs of the client. For example, they may need to provide information (with the consent of the client) prior to the client attending a social skills course at the community health centre.

Resolving Conflict

A conflict regarding a client's living situation or day placement may need to be resolved. The Disability Client Services worker will support the client by consulting with the agency and the client to resolve the situation.

Coordinating Intervention

Where there are a number of agencies involved with the client, the Disability Client Services worker may be required to take on a coordination role. At the outset, the worker should clarify the roles and responsibilities of the other agencies in relation to the client. This may be done by holding a case conference at which the worker clearly defines the roles and responsibilities of all parties and the tasks that will be undertaken by each.

The meeting should also agree on a regular review of the intervention. The minutes of the case conference should be documented in writing and distributed to all agencies in attendance.

Encouragement and Support

The client may need encouragement and/or assistance to undertake the tasks that have been specified for them.

Services and Service Providers

Services may include long-term supported accommodation, respite, day placement, specialist services such as behaviour intervention, family intervention, therapy, diet and nutrition, or assistance in skills development such as travel training or financial budgeting.

There is a wide range of services and service providers.

Staff may be both the case worker and provider of direct services for a client.

Services may be provided by either government or non-government service providers, or contracted specialists or professionals.

In many instances, this will require referral to the Service Needs Register.

In some cases, the Disability Client Services worker may be the case worker and also provide individual behaviour intervention or counselling services. In this situation, the worker and their supervisor must both be clear about which role the worker is undertaking at any particular time.

It may be appropriate for the worker and supervisor to develop a written plan of intervention which specifies the nature, intent and goals for each aspect of the worker's involvement with the client.

Monitoring and Reviewing GSPs

After the worker has identified the tasks required to implement the plan, the plan must be monitored to ensure that the tasks are being achieved within the designated timelines. The monitoring should ensure that the services being offered are effective and appropriate, and that any new needs are identified and addressed.

Unless a more frequent need for reviewing a GSP is identified during monitoring, the IDPS Act states that all GSPs must be reviewed at least every five years. The Act further specifies that any eligible persons living in a residential institution must have their GSP reviewed every 12 months.

A GSP may be monitored in a variety of ways.

A GSP may be reviewed as a result of issues identified during regular monitoring.

Things To Consider

Monitoring the GSP

As part of monitoring, a Disability Client Services worker may:

- Have informal and formal contact with the client, guardian and/or primary carer, service providers and relevant others.
- Liaise with any relevant agencies and follow up any tasks being undertaken by an agency.
- Consult with other professionals working with the client.
- Determine if the client is undertaking the tasks that have been specified for them.
- Confirm the client's access to services and supports.

Convening a joint meeting of stakeholders may be an effective way of drawing together the views of a number of people as to the progress of the GSP. This may be particularly effective where the case is complex.

Reviewing the GSP

A review of the implementation of the GSP is undertaken to assist in deciding further action. Wherever possible, the review should occur in conjunction with the client, guardian and/or primary carer.

A review should occur when:

- A client's needs change.
- A client moves to a new life stage (such as preparing to leave school).
- A client moves from home into Departmental accommodation or from one residence to another.

Three types of decisions can be made at the review stage.

A GSP may be reviewed at any time on request.

All cases should be reviewed on a regular basis as a part of supervision, however, the worker needs to exercise their own professional judgement regarding the timing of the next GSP review.

For example, if no issues or service requirements are apparent in the foreseeable future, a five-year review date should generally be set. If the client is entering a transitional stage in the *near* future, the worker might consider setting an earlier review date so that contact can be initiated by Disability Client Services at that time.

Review Decisions

Following a review of the GSP, the parties involved in the review will need to make a decision on what further action is required in relation to the case.

These decisions will fall into one of three types:

Continued Monitoring

The current situation requires continued monitoring. The supervisor must ratify the decision made by the worker and establish the way in which the case is to be monitored. The formal review with the supervisor should be documented in the case notes.

Re-Assessing Needs

The client's needs require re-assessment and re-planning. All parties involved with the client should be encouraged to seek a review if they believe the client's circumstances have changed.

Closing the Case

It may be determined that Disability Client Services team involvement is no longer required in which instance the case should be closed.

It should be noted that a case cannot be closed until **all** involvement from the Disability Client Services team has ceased.

Requesting a GSP Review

Any person may request that the GSP for a client be reviewed. The Disability Client Services worker should discuss any such request with the person and try to identify the reason(s) for seeking the review.

The client may indicate that they do not want to have any further reviews.

If a person applies for the GSP to be reviewed, a decision about whether a review will be undertaken must be communicated to the person within 21 days of receiving the request.

If the client is accessing funded services, they should be reminded that a GSP **must** be in place.

Case Closure

Closure may be required for a number of reasons.

Things To Consider

Reasons for Closure

A case may be closed when:

- The review process identifies that all identified goals have been met to a point where no further action is required from Disability Client Services.
- No new needs have arisen.
- The client, guardian and/or primary carer indicates that Disability Client Services involvement is no longer required.
- The Disability Client Services worker has been unable to make contact with the client in the past three months—that is, the client refuses or ceases to cooperate.

Closure **should not** occur:

When a case is transferred within a Region.

Closure **must not** occur:

When there is a current order for which the Department is legislatively responsible (such as a Justice Plan).

Consider the Risk Issues

Prior to making a decision to close a case, consideration should be given to determining the client and/or family's capacity to cope if the support is withdrawn.

**Follow these steps
when closing a case.**

DISCIS

DISCIS

The Closure Process

1. The Disability Client Services worker should discuss their reasons for recommending that the case be closed and obtain endorsement from their supervisor.
2. Closure must be discussed with the client, guardian and/or primary carer unless they cannot be contacted.
3. The GSP should be checked to ensure that all goals have been achieved.
4. The Disability Client Services worker should, in consultation with their supervisor, complete a case closure summary in DISCIS, particularly where the case has been complex.
5. A letter must be sent to the client, guardian and/or primary carer which outlines the reason(s) for closure and provides contact information if future assistance is required.

The Case Closure Letter is generated by DISCIS.
6. Key agencies involved with the intervention should also be notified in writing that the case has been closed.
7. The supervisor is responsible for ensuring that cases are closed when appropriate and correct closure procedures are followed.

General Service Plan (GSP) Reviews

Process for Non-Active Cases

GSP reviews will continue to fall due for clients who have previously had a GSP even though they may not currently be receiving services.

A GSP **must** be reviewed every five years.

The only exception in the Act is where a person is **not** receiving services and the person / their guardian advises that they do not want their GSP reviewed.

It is mandatory that a person who is receiving services has a current GSP / GSP review in place. It is also mandatory that a person who is not receiving services has their GSP reviewed unless they have given notice that they do not want a GSP review.

Review Offer

Each client who appears on DISCIS as requiring a GSP review must be offered a review of their GSP. A GSP review offer does **not** constitute a GSP review.

The Manager Disability Client Services or team leader must ensure that a copy of the current GSP is sent to each person with a letter asking whether the client, guardian and / or primary carer wishes to have the GSP reviewed (ref: Appendix 1). For some clients the most recent GSP will be a case closure GSP. A stamped / reply paid, addressed envelope should accompany the letter.

The letter has been developed to meet legal requirements and while additions can be made to the letter, deletions must not occur. To meet legal requirements the letter is quite complex. Therefore, a plain English letter has been developed to accompany the GSP review letter (ref: Appendix 2).

The plain English letter was developed primarily for people who do not reside with a carer and / or people who would have difficulty understanding the formal letter. It is not mandatory to send the plain English letter but in most circumstances it would be appropriate. Regions should use their discretion in determining when the letter is sent.

In some circumstances it will be more appropriate for initial contact with a client, guardian or primary carer to be made by phone. These circumstances would include where a client is over sixty years of age, resides in a nursing home, or appears to have major health problems listed on the previous GSP. It would also be appropriate to make initial telephone contact where the need for interpreters / translators is indicated on DISCIS.

In situations where there is a possibility a client may be deceased, in the first instance, contact should be made with service providers listed on the GSP rather than family members if possible.

Possible Outcomes

Client Wants a Review

If a person does not have a problem with participating in a GSP review and where the person's situation has not changed substantially, as a minimum requirement a review can be conducted over the telephone.

Where minimal changes are requested by a client to their existing GSP, for example, to better reflect their current situation, it is not necessary to instigate an intake. Amendments have been made to DISCIS which allow minor amendments to be made to a GSP (GSP Review-Non Intake). A copy of the new GSP and appeal information must be provided to the client following standard procedures.

Where a client's situation has changed significantly, or a client is requesting major changes to their GSP, or issues requiring case management are identified, a more comprehensive review will be required. In these situations a client will need to go through the intake process. As the request for service has been generated by a GSP review offer the client should be allocated to a worker as soon as possible. The GSP review should follow standard case practice processes.

Client Does Not Want Review

Client who is Receiving Services

As outlined above, a person who is receiving services **must** have a GSP review. A person can choose to participate in the review or not participate in the review. However, the person must be made the offer of participating as above; that is, the offer to participate is contained in the letter.

If a person chooses not to participate in a GSP review, the Department must undertake a review regardless. Amendments have been made to DISCIS to allow a review to be undertaken without an intake (GSP review- non participation). A covering letter is available in DISCIS to be used when a client does not wish to participate in a review. It should be noted that this covering letter may be edited by regions to meet specific client circumstances.

As many areas of a GSP are sensitive, the GSP review letter specifies that if the client / guardian does not participate in the review the Department will still need to contact people / agencies listed in the GSP /GSP review. The client / guardian is advised to contact the Department if they do not want people / agencies contacted.

If a client / guardian does not want the Department to contact people / agencies then this wish must be respected and noted on the client's file. In this situation the clients previous GSP is to be treated as their current GSP. A copy of the previous GSP and relevant appeal information should be sent to the client with the 'non-participation' letter. (ref: Appendix 3). DISCIS should be updated to reflect the previous GSP as the current GSP and a new five year review date specified.

However, there may be situations where this will not be appropriate; for example, the client / guardian was angry at being contacted and sending a copy of the GSP will exacerbate the situation. In this situation, the worker should seek advice from their supervisor.

If the client / guardian does **not** advise that they don't want people / agencies to be contacted, the departmental worker will need to undertake a review by ascertaining whether the original GSP or previous GSP review is still applicable in each identified area. This process could be undertaken by telephoning professionals /service providers listed in the previous GSP.

If professionals/ service providers will not provide information regarding a client this should be noted on the client file. It may be appropriate to also make a notation on the GSP itself.

A GSP review should then be written up to include all areas from the previous GSP /review which are still current. All other areas should be deleted from the GSP review document. For example, the previous GSP may indicate that the client was attending a day service. If the day service says this is no longer the case, this area would be deleted from the GSP review.

Following the completion of the GSP review, the person must be sent a copy of the review document with standard information regarding the person's right to appeal and an appropriate covering letter (re: Appendix 3).

Some regions have developed the practice of sending out draft GSPs to clients /guardians /carers for comment prior to finalising the document. If a client /guardian does not wish to participate in a GSP review this practice would appear obsolete.

Client who is not Receiving Services

It is preferable that a person who is not receiving services provides notice in writing that they do not want a GSP review. However, Legal Services has advised that a person may verbally advise that they do not want their GSP reviewed. In this situation the client file should clearly detail the reasons why written notice was not provided; for example, the client cannot read or write.

Regions should ensure that a client who has provided notice does not have current service provision records on DISCIS or is not listed as receiving ongoing services on the previous GSP. If it appears that a client may be receiving services, regions will need to clarify current service provision with either the client / service provider. It may be necessary to inform the client that a GSP review will need to be undertaken if they are in receipt of services.

No Response

If a client is not known at their previous address reasonable attempts should be made to locate them. This would include checking telephone directories and contacting any service providers listed in the previous GSP. Attempts to locate a client should be documented in DISCIS as a case note. If a client cannot be located after reasonable attempts to find them DISCIS should be updated to ensure the client no longer appears on the review list by using the 'General Service Plan Review -unable to comply' function.

If a client / guardian is located but does not respond, a GSP review will need to be conducted. This review should be conducted as for clients who do not want to participate in a review, but have not specified that professionals / agencies listed in the previous GSP should not be contacted (refer above) The appropriate function in DISCIS is 'General Service Plan- No Reply'.

Other Issues

What is a service?

The legislation specifies a GSP must be provided for people attending a range of services including residential programs, residential institutions, non-residential programs and contracted service providers. A contracted service provider is an agency with a service agreement with DisAbility Services, contracted to provide services to people who are eligible under the Intellectually Disabled Persons' Services (IDPS) Act 1986. This would include both IDPS Act and Disability Services Act agencies.

Services would include but not be limited to: Community Based Accommodation Services, Day Programs, case-management, Behaviour Intervention Support Services, Specialist Services, HomeFirst, In-Home

Accommodation Support, Criminal Justice Services and ongoing Respite Services.

In the absence of clear definitions in the legislation, regions should use their discretion in determining what constitutes a service in some circumstances; for example, while regular respite would constitute a service, if a person may use respite in an emergency some time in the future this would not constitute a service. Similarly, if a person has received one-off funding and this is not ongoing this would not constitute a service.

What about clients receiving case management from a funded agency?

The IDPS Act specifies that the Department is responsible for the preparation of the GSP and GSP review. In practice, this means that while planning may be undertaken by an external agency, Disability Services is responsible for generating the GSP in DISCIS and providing copies of it to the client and other parties involved in its preparation.

In addition, the Department is responsible for providing formal written advice to the client that the plan is a reviewable decision. For further information refer to *Disability Client Services Manual –Externally Provided Service Components*.

What about pre-Act clients?

If it is established that the person requesting services was registered with the Department prior to the proclamation of the IDPS Act (before October 1987) they are regarded as a pre-Act client.

A pre-Act client who has not received any services in the two years prior to a request for service (or in this case a request for a GSP review), would be required to be assessed for eligibility. For further information regarding pre-Act clients refer to the *Disability Client Services Manual –Assessment of Eligibility*.

Case Work Administration

Supervision

Effective supervision is a vital component of monitoring practice and ensuring the provision of quality services to clients.

Effective supervision is a two way process between supervisors and workers which provides workers with:

- Clarity about their role and responsibilities.
 - An understanding of appropriate standards of practice.
 - An opportunity to share expertise and knowledge.
 - An opportunity for regular feedback on their performance.
- and/or
- Support in stressful situations.

Effective supervision requires equal commitment and contribution from both the supervisor and workers. Although the supervisor is responsible for initiating the supervisory relationship, maintaining the relationship is a joint responsibility of both supervisor and worker.

Regular and structured supervision has benefits for clients, staff and management.

Things To Consider

A Supervision Culture

The Manager, Disability Client Services has responsibility for creating a positive supervision 'culture' within the Region's Disability Client Services Team. This is done by promoting the benefits for clients, staff and management; establishing an expectation that regular supervision will occur; and promoting the standards of good supervision in the team. The Manager establishes a supervision structure and ensures that there is a process in place for linking workers to supervisors.

In some areas, supervision may present a particular challenge for Disability Client Services teams because of the diverse, multidisciplinary range of staff employed (there may be a mix of professional situations which need to be considered) and/or the geographical separation of the supervisor and the worker. Every effort will be made to support the worker in these situations.

Supervisors require a broad range of skills.

Good quality supervision has three broad functions.

Supervisors' Skills

A good and competent supervisor has managerial skills and a good understanding of their role and responsibilities as a supervisor. All staff moving into a position with supervision responsibilities should attend a supervision training course. Preferably, this will occur prior to taking up the position, but should occur no later than a few months after assuming supervisory responsibilities.

Quality Supervision

Good quality supervision has three broad functions: administrative, educative and supportive. These functions are equally important and are interdependent on each other. Therefore a good supervisor will ensure a reasonable focus on each function during the supervision session.

Administrative

The administrative component can be beneficial by providing the structure and organisation required to enable workers to perform their job most effectively. This may include the orientation of newly recruited staff, the assignment of work, the coordination of work among a group of staff, and the monitoring, reviewing and evaluating of individual work performance.

An integral part of administrative supervision is monitoring the quality of the documentation and decision making (including recommendations) associated with each allocated case. This includes case notes, reports (AFER and AONR) and plans (GSP and IPP).

Educative

The educative component is concerned with developing the worker's knowledge and skills necessary for effective practice. For example, the supervisor may identify that the worker does not have a clear understanding of the legislative framework of practice. Therefore, part of the supervision sessions may be allocated to providing the worker with an opportunity to discuss this issue, at the same time as linking them to relevant training.

To assist the worker to develop skills, the supervisor must assess each phase of the worker's development and provide constructive performance feedback to enhance their professional development.

There is a variety of supervision techniques.

Educational supervision should be supplemented by appropriate in-service training and provide the worker with a positive role model to make the transition from knowledge to effective practice.

Supportive

The supportive component is concerned with helping the worker deal with job-related issues or stress and develop attitudes conducive to effective performance. It is, therefore, concerned with increasing the worker's effectiveness through reinforcing case-related decisions, building confidence, increasing morale and decreasing stress which interferes with performance.

For example, the supervisor is well placed to assist a worker who has become too closely involved in a case which may potentially impair the worker's 'professional' judgement. The supervisor can help the worker acknowledge that they are in this situation and work with them to develop strategies to make decisions which are in the client's best interests.

The supervisor should be aware of support services provided by the Department, such as the Employee Assistance Program, or other service providers so that the worker can access these services if required.

Supervision Techniques

Supervision can be undertaken in a variety of settings and using a range of techniques. The most common supervision is in an office environment where the supervisor discusses the work program and checks through samples of the worker's work.

Other techniques include:

- 'Live' supervision—where the supervisor works alongside the worker (for example during a client visit) to observe and assist the worker.
- Modelling or coaching—where the supervisor works through, or rehearses strategies for, a potential interaction between the worker and a client to give the worker guidance on the approach to take.

- Peer supervision—in certain situations it may be helpful for a more experienced worker to assist the worker on particular issues.
- Informal supervision—an ‘out of office’ session from time to time may create a more relaxed environment to discuss particular issues.

The ‘out-of-office’ technique must not be used as the primary mode of supervision and must never be used if client confidentiality cannot be guaranteed.

Location

Supervision sessions should take place in a location which enables confidential issues regarding clients or the worker’s performance to be freely discussed without being overheard. The supervisor should also endeavour to ensure that the sessions are free of interruption. This ensures that the worker receives individual attention and helps to communicate clear messages of the importance of both the supervisory relationship and the value of the worker’s work.

Frequency and Duration

The frequency and duration of supervision will vary depending on issues such as the length of time the worker has been in the position and the complexity of the issues they are dealing with. Supervision for every worker should occur on a regular and planned basis. It is good practice to have supervision on a fortnightly basis, unless there is agreement for more or less frequent sessions. Regional management and supervisors at all levels will determine appropriate local arrangements.

Written Record of Supervision

Supervisors and their staff may, as part of the initial supervision session, agree to enter into a written supervision agreement. A supervision agreement can help to clearly establish the organisational elements (such as frequency of the sessions), the expectations of both the supervisor and the worker, and the anticipated outcomes of supervision.

Action must be taken when a worker exhibits less than satisfactory performance.

It is also good practice to keep a written record of each supervision session. This will help to ensure that both supervisor and worker agree on the discussions held and, most importantly, that both have a clear understanding of any follow-up action and who has responsibility for undertaking the action.

For example, it may be identified during supervision that the worker would benefit from some additional training and it is agreed that the worker will investigate course options and present their preferred option at the next supervision session.

Less Than Satisfactory Performance

From time to time, the supervisor will have to deal with a worker who is exhibiting performance problems. This may become apparent either during regular supervision or as part of a formal performance management system (see below).

It is essential that this is not just ignored because it is 'too difficult'. If poor performance is not addressed, there is potential for the quality of service for clients to be compromised.

A common flow-on effect of not dealing with poor performance is that other workers have to increase their workload to 'cover' for the individual who is not performing. This can result in these workers feeling overworked and becoming frustrated and/or stressed and can lead to a reduction in their performance level or increased sick leave—therefore compounding the problem.

The supervisor should work sensitively and collaboratively with the worker to address the issues which may be causing the poor performance and develop strategies for improvement. The supervisor should discuss the situation with their line manager who will be able to provide objective advice and support in determining the most appropriate response.

If a worker fails to respond to action to address poor performance, the supervisor may need to proceed to formal discipline procedures.

Performance management and supervision complement each other.

Performance Management

The Department's performance management system reinforces good human resources management practice and complements and enhances existing supervision practices. It is a formal process for providing staff with clear information about their role, their current level of performance and how they can improve their performance. It also provides staff with formal recognition of their contribution and achievements.

Depending on a worker's classification and employment status, they may be required to participate in a formal performance management system.

Staff employed in position classifications covered by the Health and Community Services Union (HACSU) Award do not participate in a formal performance management system.

Elements of the performance management system can be useful tools which will be of benefit to all staff within a team even if they are not formally participating in a system. These elements include the development of work plans and the establishment of regular feedback sessions to monitor progress against targets outlined in the work plan. Supervisors may, in consultation with their HACSU covered staff, implement an informal system covering some of these elements.

For More Information

Refer to the Department's Intranet site for information on:

- Employment conditions
- Awards
- Performance management
- Public Sector Management and Employment Act (PSMEA) 1998.

Client Files

Paper copies of many documents must be kept on the client's file.

Things To Consider

Contents of Files

DISCIS is the primary source of, and repository for, information regarding clients. However, there are certain documents, particularly those which are not generated by DISCIS, such as correspondence from parents or guardians, that need to be kept in 'hard-copy' format on a file.

Note:

Due to potential legal implications, reports received from other sources should not be transcribed or 'downloaded' into DISCIS, but should be placed intact on the client's file.

When a client record is created in DISCIS, a request to create a 'paper' file is automatically generated through the Department's file management system, RECFIND.

The type of information which should be available on client files includes:

- Client profile (Client Information System, current and past)
- Declaration of Eligibility
- A copy of the signed Application for Assessment of Eligibility
- Signed copy of Letter of Acknowledgement of Request for Service
- Copies of signed forms authorising release of information
- Other Assessments (including data from psychological testing)
- Reports provided by professionals, for example, medical, psychiatric, therapy
- Communication Skills Checklist
- Human Relations Checklist
- A copy of correspondence sent (if not retained in DISCIS)
- All correspondence received.

Files will need to be transferred when clients move Region.

Transferring Files

It is the responsibility of the Region the client is leaving to ensure that the client file is transferred to the new Region.

When transferring the file, the Disability Client Services worker must ensure that it is complete and up to standard.

The movement of the file must be recorded on the Departmental file management system (RecWin) to avoid the possibility of it being unable to be located at a future time.

RecWin will automatically change the Region.

Case Notes

Case notes are an integral part of every worker's role. They should be a brief and accurate record of the relevant facts and information regarding contact with a client over a period of time.

Case notes are important.

There are six types of case note.

Things To Consider

Keeping an Accurate Record

Case notes are particularly important for maintaining consistency of service response in situations where the allocated worker is absent or there is a change in allocated worker. They are also important in providing managers, who do not know the details of every case, with appropriate background information to enable them to make decisions about the clients.

It is good practice to complete the case notes as soon as possible and no later than two or three days after each contact while the issues or discussions are still fresh in the mind. They will be more accurate and available should the next contact occur while the allocated worker is absent.

Types of Case Notes

Case notes are recorded and maintained on DISCIS in standardised formats although there are no restrictions on the text within each note. There are six types of case note. The user is able to choose the most appropriate type of note, with the exception of when a case is being transferred to another Region or being closed, where the system requires completion of the relevant case note.

The types of case notes are:

Short

Used to make a record of a contact such as receipt of a report or a brief telephone call.

General

Used to record all basic information regarding contact with a client, particularly if the contact does not fit any of the following headings.

Case Conference

Used to record minutes of case conference meetings between staff, the client, their parent(s) and other involved people.

Legal Status

Used to record data relating to a client's contact with the courts or the criminal justice system.

Transfer

Used when a client is transferring from one Region to another.

Closure

Used when a service phase and/or intake is being closed.

For each of the above types of case notes, DISCIS provides headings as a guide for staff regarding the categories of information which should be included.

The system **cannot**, however, help staff with the content and/or quality of the case note. Staff will develop skills in this area through experience and obtaining feedback through supervision.

For More Information

- See 'Tips for Good Case Notes' page 11.

Naming Case Notes

DISCIS will, over time, contain a lot of case note entries. It is important that when **naming** the case note, particularly the short case note, sufficient information is provided to enable a note to be found quickly or to give a clear indication of the nature and/or purpose of the entries.

Information from Other Sources

If information received by staff from other sources (such as comments sent by email by another worker) is to be copied into a case note, staff must be careful to ensure that only the information which is of direct relevance to the client's case is included and the source of the information is acknowledged.

Case notes should be 'named'.

Only relevant information should be included.

Tips for Good Case Notes

Be brief, but to the point.

Write in the past tense.

Record events chronologically.

Don't use abbreviations or acronyms unless they are very commonly known or have been explained in the initial entry.

Use cross-references to documents and correspondence placed on file, where appropriate.

Be sure to clearly identify who people are, including their role or relationship—don't assume that the next person knows who is being referred to:

Don't write: Rang John to discuss day placement for Mary.

Do write: Rang John Citizen, Manager, Anytown ATSS, to discuss Mary's day placement.

Be sure to include an 'action statement' or details of the outcome of the contact. If there are a number of outcomes, list them in dot point format.

Don't write: Phone call to Guardianship List

Do write: Phone call to Guardianship List (Fred Citizen) to discuss Mary's health needs. Agreed that a guardian is not required.

Always be objective.

When it is appropriate, include some **analysis**:

Do write: Mary was showing signs of distress (crying and pulling hair) when indicating that she does not want to go back to school.

Avoid value judgements or implied criticism. For example:

Don't write: Mrs X has not accepted her child's disability and is not coping

Do write: Mrs X reported that she was upset and not coping with her daughter and requested extended respite care.

Avoid vague and subjective statements. For example:

Don't write: John looked poorly.

Do write: John reported that he was tired and it was observed that his clothes were torn and stained.

Avoid discriminatory or derogatory remarks which may be hurtful to the client or their family. (Remember that clients and their families may be able to view the case notes.)

Don't write: Mr Y is Greek and therefore does not understand English.

Do write: Mr Y does not speak English as his first language.

Language and Cultural Issues

In many cases, an interpreter can provide assistance over the telephone.

Translation and Interpretation Services

Telephone Interpreting

When deciding whether to use telephone interpreting, Disability Client Services workers need to take into account the situation, and the information to be conveyed between the worker and the client.

Most simple issues can be resolved through telephone interpreting and do not require an on-site interpreter.

Examples of when telephone interpreting may be preferable are:

- When confirming or changing appointment times.
- For short, initial contact.
- For communicating simple information.

The use of an on-site interpreter may be essential for longer contacts with clients likely to involve more complex issues and exchanges of information.

The choice of either on-site or telephone interpreting should be based on what best meets the needs of the client.

When using telephone interpreting, it is particularly important to keep statements and questions short, clear and direct. All participants in a telephone interpreting situation rely almost entirely on audible signals to express and receive information.

Issues of privacy and adverse communication outcomes as a result of visual distractions need also to be considered. A quiet room equipped with loudspeaker telephone or a telephone with a dual handset is the most conducive to a good communication flow.

Language Services Credit Line

Disability Client Services workers have access to the DisAbility Services - Victorian Interpreting and Translating Service (VITS) credit line for interpreting (verbal) translating (written) and Auslan (Australian signing) language services.

When contacting VITS to arrange interpreting or translating services, Disability Client Services workers will need to advise VITS that they are from DisAbility Services and specify the Region from which they are calling.

Note:

This credit line arrangement will be in place until 30 June 2000. At that time, language service provision arrangements may change. Further advice will be provided regarding any changes.

Translation Services

The VITS translation service is able to reproduce any publication, ranging from medical or legal documents to GSPs, from the original form into almost any language.

Cultural Awareness

In addition to dealing with language issues, Disability Client Services workers must be sensitive to any issues relating to people's cultural, religious or community beliefs.

Services for clients, their parents, guardians or carers.

Disability Client Services workers should be aware of the support services available for clients and their parents, guardians or carers from culturally and linguistically diverse backgrounds. Workers may need to provide information and /or support to clients, their parents, guardians or carers in accessing these services.

Support services may be provided by organisations specifically established by members of the cultural, religious or ethnic group.

If no such group is established, or there are any difficulties in accessing them, the client and/or their parent, guardian or carer should be assisted to make contact with an 'umbrella' groups such as Action on Disability within Ethnic Communities (ADEC) or a professional interpreting organisation such as VITS.

ADEC is a community-based organisation which represents the rights and needs of people from culturally and linguistically diverse backgrounds with a disability and their carers. ADEC provides advocacy, information, referral, education, training and consultancy.

While VITS specialises in translation and interpretation services, they are also able to provide cross-cultural training and awareness services.

Note:

These services are not available through the VITS credit line.

Services for staff.

In addition to providing the above services for people from culturally and linguistically diverse backgrounds, ADEC provides information, education and training to service providers and their staff.

VITS also provides cultural awareness training with a focus on professionals whose work involves providing services or communicating with people of a non-English speaking background, or working with interpreters.

If workers or their supervisors identify any concerns in dealing with people from culturally and linguistically diverse backgrounds, advice should be sought from ADEC or VITS.

Awareness of Koori Issues

The Victorian Koori community is made up of a number of communities based on language and cultural groups, extended family networks or clans, and indigenous migration from other states and territories. Family links and sense of community are cornerstones of Koori society.

Koories make up about 0.5 per cent of Victoria's total population. Fifty per cent of Koories in Victoria live outside Melbourne.

Victorian Koori communities have set up a range of local and statewide organisations to provide services such as health, housing, family, legal, sporting and cultural support services to Koori communities.

Koori people are underrepresented in the use of mainstream services. This is due to a variety of factors such as:

- Governments have relied on Koori organisations to provide services to Koories and, as a result, some mainstream (non-Koori) service providers have assumed that they have little or no responsibility to provide services to Koories.
- Koori communities are often reluctant to use mainstream services due to cost, location, lack of information, past negative experiences and/or lack of sensitivity to cultural issues within the human services sector.

Disability Client Service workers working with Koori clients and their families should determine whether or not the family is currently receiving services or support from a local Koori agency. Working in partnership with the Koori service provider will usually result in the best outcome for the client and their family. If a client or family is not in touch with the local Aboriginal Cooperative or health centre, it is critical that workers speak to the client and their family before attempting to seek any support or advice from the local Aboriginal service or before making any referrals.

Another significant way that Disability Client Services workers can assist Koori clients is to ensure that local Aboriginal agencies receive information about local disability services. The development of closer working relationships between local Disability Client Service workers and Koori service providers will lead to increased confidence and increased use of appropriate services.

Aboriginal service providers and community members emphasise the need for mainstream service providers to ensure that their services are culturally relevant and that staff are trained and encouraged to be culturally sensitive.

Services for clients and their families or carers.

Disability Client Services workers should talk to their regional Koori Services Improvement Strategy (KSIS) Contact Officer about service options for Koori clients.

The KSIS Contact Officer will be able to provide advice on issues such as the Koori community services available within the local area or the most effective means of linking the client to mainstream services.

Services for staff.

Where Disability Client Services workers are, or are likely to be, allocated cases relating to people from Koori backgrounds, they should undertake Koori cultural awareness training.

Undertaking this training will greatly assist workers in enhancing their ability to provide culturally appropriate services for Koori clients.

The regional KSIS Contact Officer is able to advise supervisors and workers of the availability of appropriate cultural awareness training.

Guardianship List

The Guardianship List's role is to protect people with disabilities who are unable to make their own decisions.

The Tribunal is able to make orders in relation to a number of situations.

Things To Consider

The Guardianship List

The Guardianship List (formerly the Guardianship and Administration Board) is one of the eight Lists that constitute the Civil Division of the Victorian Civil and Administrative Tribunal (VCAT) which was established by an amalgamation of a number of Victorian boards and tribunals under the *Victorian Civil and Administrative Tribunal Act 1998*.

The role of the Guardianship List is to protect adults who, as result of a disability, are unable to make reasonable decisions in respect of their personal circumstances and/or estate.

The person with a disability must be over the age of 18 years.

The Tribunal will then need to be satisfied that:

- The disability currently affects the person's capacity to make reasonable decisions.
- and
- The appointment of an administrator and/or guardian is the **least** restrictive option available for decision making on behalf of the person.

The Tribunal will require evidence that the appointment of an administrator and/or guardian is the only reasonable way of dealing with the person's immediate needs and that the legal authority of an administrator and/or guardian is required.

Guardianship List Orders

The Tribunal is able to make a number of orders:

Guardianship

The Tribunal may make plenary or a limited guardianship order in respect of the proposed represented person or may dismiss the application.

A plenary guardianship order confers on the plenary guardian all the powers and duties that a person would have if he or she were a parent and the represented person were his or her child.

A guardianship order transfers the responsibility for making binding decisions about a represented person's lifestyle or personal decision making from that person to the guardian.

The Tribunal may make a limited guardianship order if it believes that only certain areas of the person's life require decision making by a guardian. For example, where a decision is required in relation to accommodation or a health issue

Administration

The Tribunal may make an order appointing an administrator of the estate of the proposed represented person or may dismiss the application.

The administrator has powers and duties which include making and carrying out of all decisions relating to the represented person's financial and legal affairs.

In selecting an administrator, the Tribunal may choose either State Trustees Limited or a relative, friend, solicitor, accountant, private trustee company or other person who consents to act as administrator. The Tribunal may appoint two or more persons as joint administrators.

Consent to Major Medical Procedure

Where a medical practitioner believes that a person requires a major medical procedure, the Tribunal must provide consent **in addition** to the guardian.

The Tribunal will, from time to time, issue guidelines to define major medical procedures. They include termination of pregnancy, sterilisation (male and female) and donation of non-regenerative tissue material.

Appointment and Revocation of an Enduring Power of Attorney

The Tribunal has the power to appoint an Enduring Power of Attorney where an individual is able to nominate a suitable person. The Tribunal may also revoke that decision if it is satisfied that it is not in the best interests of the person who gave the Enduring Power of Attorney for it to continue.

The Tribunal will make temporary orders if it believes a client is at risk.

Temporary Orders

A temporary order may be made if the Tribunal believes that the person will be at risk if a hearing is not held without delay.

When a temporary administration order is made, **only** the State Trustees Ltd can be appointed.

When a temporary guardianship is made, **only** the Public Advocate can be appointed.

These orders are valid for 21 days, when they will be reviewed at a full hearing of the Tribunal.

Different types of orders will have different review dates.

Orders Are Time Limited

Administration orders are generally made for three years as there is usually an ongoing need for collection of income and payment of accounts.

Guardianship orders are generally limited to decisions regarding health care and/or accommodation and are often for a shorter period. This is because the guardian may only be required to give consent to medical treatment or to arrange alternative accommodation. Once this has been done there may no longer be a need to continue the order.

Any interested party (including the Department) may request the Tribunal to conduct a review prior to the date specified in an order if it is satisfied that it is in the best interests of the represented person to do so.

If a Disability Client Services worker believes that a review is required, the request to the Tribunal must be made in writing and endorsed by the Manager, Disability Client Services.

Hearings are less formal than court hearings.

Tribunal Hearings

The Tribunal holds hearings which are similar to, but less formal than, court hearings. The Tribunal encourages people attending the hearing to express their views directly to the Tribunal. People can give evidence in writing and/or orally.

People involved in the hearing can examine the evidence, ask questions of others attending the hearing, and make a statement to the Tribunal.

The objective of the hearing is to come up with the best result for the client.

The Tribunal makes decisions based on the evidence presented to it. After all the evidence, the Tribunal will consider its decision and then announce it at the hearing.

The Tribunal will exercise its decision making power so that:

- The least restrictive means possible of a person's freedom is adopted.
- The best interests of a person with a disability are promoted.

and

- The wishes of a person with a disability are, wherever possible, given effect.

Identify who will make application for a guardian or administrator to be appointed.

Make a formal application.

Provide reports to the Tribunal

The Guardianship List Process

Where it is identified that an application for guardianship or administration should be made, the Disability Client Services worker should:

- Discuss the issues with the client, their family and significant others to determine if there is an appropriate person who can make application to the Tribunal.
- Encourage family members who have existing informal guardianship arrangements to formalise this through the Tribunal.
- Provide the person who has been identified to make the application with an application form and assistance in completing it and forwarding it to the Tribunal.

Note:

If there is no appropriate person to make the application, the Disability Client Services worker may need to make the application. This must be discussed with, and endorsed by, the supervisor.

Applications must be made on the form provided by the Tribunal. If the Disability Client Services worker is making the application, it must be co-signed by the Manager, Disability Client Services.

If there is any urgency or complications which require investigation by the Office of the Public Advocate (such as family member dispute) these should be pointed out in a covering letter which accompanies the application so that the Tribunal can respond appropriately.

In all situations where the Department has applied for a guardian or administrator to be appointed, the Disability Client Services worker should prepare a report for the Tribunal.

The information that the Tribunal will be seeking in this report includes:

- Does the person have a disability? (eligibility assessment details).
- The impact of the person's disability on their decision making capacity?
- The circumstances which have led to the application.
- Where applicable, evidence that the appointment of a guardian is the least restrictive option for the person.
- A copy of the current GSP and IPP, where relevant.
- Region and contact details.

Any reports for the Tribunal should be signed off by the Manager, Disability Client Services.

Attend the Tribunal hearings.

Disability Client Services staff may be required to attend Tribunal hearings in the following situations:

- Where the Department has made the application or required the application to be made.
- If subpoenaed.

Disability Client Services workers cannot attend a hearing as a client's advocate. If it is decided that the client requires support, the worker should make arrangements for an advocate to attend with the client.

Prepare for the hearing.

Where the Department is the applicant, the Disability Client Services worker should take the client's file to the hearing.

Note:

A client file must only be made available to the Tribunal where the Department is requiring the application to be made. In all other circumstances, the file must be subpoenaed by the Tribunal.

The Disability Client Services worker should seek advice from the Tribunal of any other reports prepared by other sources which are to be tabled at the hearing.

If it is considered that the application will be contentious, the Disability Client Services worker may need to contact the Tribunal to discuss the appropriate arrangements.

These might include:

- Requesting that no observers be present at the hearing.
- Requesting private waiting rooms, closed hearings or private hearings by the Tribunal of certain matters.
- Requesting information on legal representatives who may be appearing on behalf of another party.

Note:

If Disability Client Services workers believe that the Department will require legal representation, they should discuss this with their supervisor.

Office of the Public Advocate

OPA has a wide range of powers

Things To Consider

The Office of the Public Advocate (OPA) is established by the Guardianship and Administration Act 1986 with a mandate to protect the rights of all people with disabilities, including children.

Powers of the OPA

The Public Advocate may:

- Be appointed by the Tribunal as a guardian, an alternative guardian, or an administrator.
- Make an application to the Tribunal for the appointment of a guardian or administrator or the review of a guardianship order or an administration order.
- Submit a report to the Tribunal on any matter referred to the Public Advocate for a report by the Tribunal.
- Seek assistance in the best interests of any person with a disability from any government department, institution, welfare organisation or service provider.
- Make representations on behalf of or act for a person with a disability.
- Give advice to any person as to the provisions of this Act and in respect of applications for guardianship or administration.
- Investigate any complaint or allegation that a person is under inappropriate guardianship or is being exploited or abused or in need of guardianship.
- Provide information for persons who are or propose to be guardian.
- Report and make recommendations to the Tribunal on behalf of any person with a disability in any proceeding under the Equal Opportunity Act 1995.

Note:

OPA is also responsible for coordinating the Community Visitors Program and the Independent Third Person Program.

A client may need to be referred to the OPA.

Referral to OPA

Disability Client Services may need to refer a client to OPA in a range of circumstances such as:

- Where it is believed that client requires independent advocacy.

or

- To investigate a complaint that the client is being exploited.

The Disability Client Services worker should first discuss their concerns with their supervisor and then attempt to resolve the issue(s) through discussion with the client or their parent(s), guardian or carer.

If this fails to resolve the issue, a referral to OPA may be required.

The consent of the client or a parent, guardian or carer should be obtained, wherever possible, before making such a referral.

There will be times, however, where the Department may have a duty of care to report the situation to OPA without specific consent.

Any referral to OPA must be endorsed by the supervisor.

The OPA Process

Make contact with OPA if there are any concerns in relation to a client.

Where a Disability Client Services worker has any concerns about possible abuse, neglect or exploitation of a client, they should:

- Discuss their concerns with their supervisor.
- Discuss the issues with the client, their family, guardian or carer.
- Subject to the client or guardian providing consent, contact OPA to advise them of the concerns.

The duty worker at OPA will then advise what action, if any, will be taken. They may request the Disability Client Services worker to provide written reports to assist in the investigation.

Note:

The consent of the client to release this information is **not** required.

If OPA advises that they will not or are unable to investigate the case, the Disability Client Services worker should discuss further options with their supervisor.

If concerns still exist, it may be necessary to write to OPA formally requesting them to review their decision or provide written advice as to the reasons not to proceed with the investigation (see Appendix 1 for a sample of the letter).

The letter may need to be accompanied by a further report outlining the concerns, including possible implications if action is not taken.

If OPA does not agree to investigate the situation, it may be necessary to seek further advice from the Department's Legal Services Branch regarding what further action could or should be undertaken.

Policies and Guidelines List

The following is a list of all policies and guidelines currently applicable to staff working within DisAbility Services.

Please note that this list, which provides links to the majority of the policies and procedures contained within it, is also available on the DisAbility Services Intranet site at http://intranet_1/disability/policy.htm

Note:

The listing as follows is correct and up-to-date at the time of publication. Be sure to check that the version being referred to is the most current—the Intranet listing is updated every three months.

Departmental Policies

Publication Title	Date of Publication
Asset Management Guidelines	June 1997
Client Death—Departmental Inquiries into Client/Patient Death and Other Serious Client/Patient Incidents	Undated
Client Death—Response to Client Deaths and Serious Injuries: Policy and Guidelines	March 1991
Code of Conduct for Victorian Public Sector	April 1995
Conflict of Interest Policy	September 1994
Critical Incident Stress Management Service: Policy and Guidelines	June 1998
Disease/Injury/Near Miss/Accident (DINMA) Report Form	September 1995
Duty of Care	January 2000
Ethical Conduct Policy	July 1998
Fire Risk Capital Development Guidelines: Fire Risk Management, including: <ul style="list-style-type: none"> 7.1 Policy and Procedures 7.2 Engineering Guidelines 7.3 Fire Risk Management in Secure Facilities 7.4 Fire Risk Management in Supported Community-Based Houses 7.5 Fire Risk Management in Congregate Care Facilities 	December 1997
Hepatitis B Vaccine Policy	June 1997
Hepatitis B—CSV Policy on Hepatitis B	September 1992

Publication Title	Date of Publication
HIV Positive or Potentially HIV Positive Clients of the Department of Human Services who may present an HIV Infection Risk to themselves or the Public (Policy)	February 1999
HIV/AIDS and Hepatitis B Staff Manual: Policy and Guidelines	April 1991
HIV—Guidelines for the Management in Victoria of HIV Infected People who Knowingly or Recklessly Risk Infecting Others.	1992
Incident Reporting (Policy)	June 1994
Infection—Sure Protection Against Infection (supersedes Infection Control Guidelines)	March 1998
Information Privacy Principles (Policy)	February 1999
Legal Costs—Payment of Legal Costs Incurred by Staff (Policy)	November 1995
Managing Under Performance (<i>supersedes Discipline Procedures Handbook</i>)	February 1999
Medical Treatment for H&CS Clients (Policy)	September 1995
Occupational Assault—Minimum Standards for Prevention and Management of Occupational Assault	September 1996
Occupational Health and Safety Policy	1996
Orientation—Corporate Orientation Program: Supervisor's Guide	August 1991
Police Checks—Pre-Employment/Pre-Placement Safety Screening (Policy)	June 1998
Pre-Employment Medical Assessments	March 1999
Pre-Existing Injury/Disease Declaration	January 1999
Sexual Harassment—Preventing and Dealing with Sexual Harassment (Policy)	January 1998
Smoke Free Workplace Policy	July 1995
Warning Procedure (<i>supersedes Discipline Procedures Handbook</i>)	February 1999
WorkCover Policy and Procedures Manual	June 1995

DisAbility Services Branch Policies

Publication Title	Date of Publication
Policies Applicable to Disability Client Services:	
ATSS Policies and Mandatory Procedures Manual	August 1997
Behaviour Intervention Support Team Practice Manual	June 1994
Client Services Practice Manual	November 1993
Criminal Justice Practice Manual	July 1998
Family Intervention Support Services Program Statement	October 1997
Fire Risk Behaviour—Disability Services Policy Statement and Procedures for Disability Client Services Workers	May 1997
Parents with an Intellectual Disability—A Worker’s Manual	March 1997
Protocol between Disability Services and Juvenile Justice	October 1996
Protocol between FYCS and IDS—Working Together for Shared Family Care	June 1992
Protocol between Intellectual Disability Services and Psychiatric Services	June 1994
Protocol between Office of Correctional Services Commissioner, Department of Justice and Department of Human Services	December 1996
Policies Applicable to Accommodation Services:	
Accommodation Charges—Community-Based Accommodation Services - (DI 97/05)	July 1997
Accommodation Fees—Training Centres and St Nicholas CRUs (DI 97/06)	July 1997
Accommodation Services Direct Care Staff Handbook	November 1996
Accommodation Services Emergencies Manual	April 1993
Accommodation Services Practice Instruction Manual, Volumes 1, 2 & 3	August 1993
Client Expenditure Recording System (CERS) Policy Manual	July 1998
Community Visitors Handbook (Guidelines)	September 1992

Publication Title	Date of Publication
Community Visitors—Department of Human Services and Community Visitors Protocol	September 1997
Emergency Houses—Admissions and Review Guidelines for Emergency Houses	May 1998
Entry, Exit and Relocation—Policy and Guidelines	July 1999
Evacuation Packs (DIS 3797)	December 1998
Fire Risk—Clients and 'Fire Risk' Behaviour - Checklist for Accommodation Staff (DI 97/02)	June 1997
Fire Safety and Emergency Procedures Training Manual (Community Residential Services only)	1996
Health Information Cards	June 1995
Individual Program Planning Guidelines and Examples	May 1991
Individual Support Worker (DI 96/4)	December 1996
Locked Doors and Windows (Policy)	December 1999
Respite Services—Policy and Procedures	May 1999
Restraint, Seclusion and Aversive Therapy—Guidelines and Procedures	March 1990
Roster Tool Manual—Community Residential Services	August 1998
Rostering - Best Practice—Community Residential Services (Guidelines)	August 1998
Training Centre Admissions Policy	October 1997
Vacancy Coordination Guidelines - Statewide	May 1999
Policies Applicable to Accommodation Services AND Disability Client Services:	
Communication Assessment Minimum Standards - Stage 2	March 1994
Communication Needs—IDS Policy and Guidelines	February 1993
Communication Skills Checklist	February 1993
Crimes (Mental Impairment and Unfitness to be Tried) Act 1997 (Interim Guidelines)	March 1999

Publication Title	Date of Publication
Health Care Policy - (<i>supersedes Health Services for People with an ID</i>)	September 1999
Human Relations and Sexuality Policy and Guidelines	December 1994
Menstrual Management Policy	July 1997
Prader-Willi—Management of Prader-Willi Syndrome (3 rd edition)	July 1998
Program of Aids for Disabled People (PADP) Guidelines	November 1995
Quality Framework for Disability Services	August 1997
Regional Disability Support Initiatives—Guidelines	Undated
Reporting Allegations of Physical or Sexual Assault to the Police (DI 93/8)	June 1993
Standards—Victorian Standards for Disability Services	August 1997
Statewide Forensic Service—Policy and Guidelines	June 1997

Glossary

AFER	Assessment for Eligibility Report
ADEC	Action on Disability within Ethnic Communities. ADEC is a community-based organisation which represents the rights and needs of people of non-English-speaking background with a disability and their carers.
Allocation	Assigning a worker to a case.
AONR	Assessment of Needs Report.
ATSS	Adult Training Support Service
BIST	Behaviour Intervention Support Team
Case Management	The development and coordination of a system of comprehensive services targeted to clients who have a range of multiple and complex needs.
Case Plan	General Service Plan (GSP).
Closure	The point at which a worker's responsibility concludes for an individual client. Client status is then inactive.
Contracting	A case contract is a formal arrangement between the Department and other agencies or individuals regarding aspects of a client's case management.
C&YP Act	Children and Young Persons Act 1989
Disability Client Services Worker	All workers of any profession on a Disability Client Services team.
DISCIS	Disability Services Client and Case Management System.
Duty of care	The duty to take reasonable care of a person.
DSB	DisAbility Services Branch
Eligible Person	A person who is eligible for services under the IDPS Act.
Entry	The initial point of contact between the client and the allocated worker.
ERG	Eligibility Reference Group
FISS	Family Intervention Support Service

FOI Act	Freedom of Information Act 1982.
GSP	General Service Plan.
Guardianship List	Victorian Civil and Administrative Tribunal - Guardianship List.
IDPS Act	Intellectual Disabled Persons' Services Act 1986.
IDRP	Intellectual Disability Review Panel.
Implementation	The stage of the service delivery system in which the goals and strategies of the GSP are implemented.
Intake	Intake is a term used in DISCIS to describe the period between the start and finish of an episode of contact with the client by Disability Client Services.
Interpreter	An interpreter helps people who communicate in different languages to communicate with each other verbally. A professional interpreter will render spoken communication from one language to another in an accurate and objective manner.
Individual Program Plan (IPP)	A detailed plan developed by accommodation providers which outlines the skills development programs required to enable the broad requirements of the GSP to be met.
KSIS	Koori Services Improvement Strategy
Monitoring	Checking the progress of the goals and strategies in a GSP.
OPA	Office of the Public Advocate
PAR	Psychological Assessment Report
Planning	The clarification of goals and expectations to meet client needs and the development of a GSP.
Pre-Act client	A client who was registered with the Department prior to the proclamation of the IDPS Act (in October 1987).
Residential Institution	Any residential institution proclaimed under section 17 of the IDPS Act (also known as a training centre—see definition below)
Review	The point at which a GSP is analysed and evaluated to determine what further action is required by the worker.

Service Needs Register	The database maintained to record clients needs for services.
Specialist Children's Services	Program managed by the Department's Community Care Division providing services for children aged between 0–6 years.
Specialist Services	Services which are required for specific purposes such as behaviour intervention management and therapy which cannot be provided within the case management role.
Supervisor	The worker who has first line management responsibility for Disability Client Services workers.
Team Leader	The worker who has responsibility for a team of Disability Client Services workers.
Training Centre	A large congregate care facility which houses clients whose needs are not suited to living in community-based accommodation. (Also known as a residential institution—see definition above)
Transfer	Case responsibility changing from one region to another.
Translator	A translator is concerned with written material. They render written or otherwise recorded material from one language to another, while retaining the sense and content of the original text.
Vacancy Co-ordination	The process used to facilitate the filling of long term accommodation vacancies according to priority of need.
VCAT	Victorian Civil and Administrative Tribunal (see Guardianship List)
VITS	Victorian Interpreting Service